CALIFORNIA AND WESTERN MEDICINE

OFFICIAL JOURNAL OF THE CALIFORNIA MEDICAL ASSOCIATION

VOL. 56 MAY, 1942 NO. 5

California and Western Medicine

Owned and Published by the
CALIFORNIA MEDICAL ASSOCIATION
Four Fifty Sutter, Room 2004, San Francisco,
Phone DOuglas 0062

Address editorial communications to Dr. George H. Kress as per address above. Address business and advertising communications to John Hunton.

EDITOR . . . . . GEORGE H. KRESS

Advertisements.—The Journal is published on the seventh of the month. Advertising copy must be received not later than the fifteenth of the month preceding issue. Advertising rates will be sent on request.

BUSINESS MANAGER . . . . . JOHN HUNTON

Advertising Representative for Northern California
L. J. FLYNN, 544 Market Street, San Francisco (DOuglas 0577)

Subscription prices, $5 ($6 for foreign countries); single copies, 50 cents.

Volumes begin with the first of January and the first of July. Subscriptions may commence at any time.

Change of Address.—Request for change of address should give both the old and the new address. No change in any address on the mailing list will be made until such change is requested by county secretaries or by the member concerned.

Responsibility for Statements and Conclusions in Original Articles.—Authors are responsible for all statements, conclusions and methods of presenting their subjects. These may or may not be in harmony with the views of the editorial staff. It is aimed to permit authors to have as wide latitude as the general policy of the Journal and the demands on its space may permit. The right to reduce or reject any article is always reserved.

Contributions—Exclusive Publication.—Articles are accepted for publication on condition that they are contributed solely to this Journal. New copy must be sent to the editorial office not later than the fifteenth day of the month preceding the date of publication.

Contributions—Length of Articles: Extra Costs.—Original articles should not exceed three and one-half pages in length. Authors who wish articles of greater length printed must pay extra costs involved. Illustrations in excess of amount allowed by the Council are also extra.

Leaflet Regarding Rules of Publication.—CALIFORNIA AND WESTERN MEDICINE has prepared a leaflet explaining its rules regarding publication. This leaflet gives suggestions on the preparation of manuscripts and of illustrations. It is suggested that contributors to this Journal write to its office requesting a copy of this leaflet.

DEPARTMENT INDEX

(Itemized Index of Articles is printed on Front Cover)

EDITORIALS†

ANNUAL SESSION PROCEEDINGS

Excellent Attendance and Programs.—This year's annual session—California Medical Association's seventy-first—held at Del Monte, May 3-6, continues to receive much favorable comment. The attendance was considerably larger than had been anticipated, the total registration being in excess of 1600 (C. M. A. Members, 1159; Guests, 143; Woman's Auxiliary Members, 263; and Technical Exhibitors, 93). The new Convention Pavilion, erected by the Hotel Del Monte from plans submitted by the C. M. A. Committee on Scientific Work, made it possible to do away with the congestion so apparent in the smaller meeting rooms of past years, thus permitting the section groups and the House of Delegates to carry on their work in quiet and comfort, while also providing, for the first time, ample lounge and lobby facilities.

* * *

Coöperation of Colleagues in Military Service.—The Association is indebted to colleagues attached to the medical departments of the Army and Navy, and to the military authorities at Camp Ord in Monterey County, for cordial coöperation in promoting exhibit, scientific and entertainment features. The display of the First Medical Regiment of the United States Army, presented through the courtesy of Colonel Harry H. Towler, attracted many visitors, who were able to carry away clearer concepts on how well the medical corps of the Army safeguards the health of soldiers. Colonel Roger Macon of the Seventh United States Infantry permitted the regimental band to appear on Monday noon and give a military concert, concluding with the national anthem and a salute to the Flag.

* * *

Sunday Meeting and General Sessions.—Four general meetings were held, military medicine and surgery being the dominating themes in the addresses. The desirability of the arrangement inaugurated during the last two years, in which the affiliated activities and organizations carry through their programs on Sunday, was evidenced by the large attendance and interested audiences, whose presence also made it possible

(Continued on Page 281)

† Editorials on subjects of scientific and editorial interest, contributed by members of the California Medical Association, are printed in the Editorial Comment column which follows.

SALUTATION

From President William R. Molony, Sr.

Los Angeles, May 11, 1942

To Members of the California Medical Association—

Greetings:

A year ago you honored me by making me your President-Elect, and last week at the Seventy-first Annual Session in Del Monte, you conferred upon me the title and office of President.

This position is one of distinction and is the greatest recognition that can be bestowed upon a member of our Association. As a native son of the great State of California and a loyal member of the California Medical Association, I am deeply appreciative of the great honor you have bestowed, and during the coming year I shall give of my best to promote the interests and welfare of the California Medical Association and its members.

The present War, with its attendant responsibilities for every one of us, will take many physicians from their homes and practices, and disturb to a great degree, the normal routine of our professional and personal living. But, regardless of the costs and the individual sacrifices, nothing must be permitted to stand in the way of a successful prosecution of the War, in which the members of the medical profession have special and heavy obligations, in both military and civil activities.

I know I speak for each and all of you, when I pledge the resources of the Association and its members to the welfare of our Country; and as your President, I will do my best to carry out your wishes.

Fraternally,

WILLIAM R. MOLONY, SR.,
President.

to start the Monday morning general meeting in more enthusiastic spirit. Since many physicians do not hold office hours on Saturday afternoon or on Sunday, it was possible for them to arrange their travel schedules accordingly and avail themselves of the extra day at Del Monte. Because of existing conditions, the Council has authorized the Committee on Scientific Program to proceed along similar lines for next year, the convention to be a four-day session, Sunday to Wednesday inclusive.

Mention must be made of the entertainment given at the Dinner to the President of the Association, on which occasion a most enjoyable program was presented. This new feature also received much praise.

* * *

Proceedings of the House of Delegates.—Coming now to the proceedings of the House of Delegates, it is gratifying, in spite of the seriousness and delicacy of some of the matters under consideration—concerning which widely divergent opinions were held—to be able to state that members of opposing groups kept themselves well in hand, without outbursts of personal feeling, and that the action, as a whole, taken by the House bids fair to bring about a proper solution of difficulties which have arisen in connection with medical service.

No contests took place in the election of officers, all officers whose terms had expired being elected by acclamation.

* * *

President William R. Molony, Sr., and President-Elect Karl L. Schaupp.—The office of honor, that of President-Elect, fell this year to Karl L. Schaupp, M. D., of San Francisco, whose long service for organized and scientific medicine is well known to most members of the Association. Elsewhere, biographical comment will be found concerning Doctor Schaupp, and also Doctor Wm. R. Molony, Sr., of Los Angeles, who took over the presidential responsibilities on Wednesday evening, May 6th, when Doctor Henry S. Rogers of Sonoma County, retiring President, made his farewell talk.

* * *

Council Chairman Philip K. Gilman.—Del Monte in 1943.—At its organization meeting on Thursday morning, May 7th, the Council reëlected, as its chairman, Dr. Philip K. Gilman, of San Francisco. The Council also voted that next year's annual session shall be held at Hotel Del Monte, the date to be decided later.

The minutes of the House of Delegates and other official proceedings will appear in the June issue. Additional information, concerning this year's session, is given in this number, on page 301.

SERVICE BACKGROUNDS OF OFFICERS OF THE CALIFORNIA MEDICAL ASSOCIATION

Remarks of Retiring President Henry S. Rogers.—At the concluding meeting of the House of Delegates in Del Monte, Retiring President Henry S. Rogers gave the members what he called a heart-to-heart talk, mentioning in particular a seeming habit of thought with some physicians, that colleagues who maintain active interest and work in and for organized medicine, are "doctor-politicians." Referring to his own years of intimate contact with officers and workers in the California Medical Association, Doctor Rogers said:

"I have had the privilege of working as an officer of the California Medical Association for better than 18 years, and in that time I have never worked with a finer, or more broadminded group of men than the colleagues whom you have elected as Councilors. Take your present Council, for example. Its membership consists of five general practitioners, four oto-opthalmologists, three surgeons, two internists, two pediatricians, one radiologist, one industrial surgeon, and two obstetricians. Seven of these men are clinical teachers in medical schools of California. They are all in active practice, living and working among you, and they are all highly respected in the communities in which they practice. You selected them, knowing that they are good men, and knowing that they will work hard for the advancement of medicine. I would like to ask the members of this House of Delegates to go back to their county societies and point out how erroneous are the statements that Association officers are politicians."

* * *

Applicability of Doctor Rogers' Comments to Newly-Elected Officers.—The above remarks, by Retiring President Rogers—who, in his years of official responsibility never allowed his personal and professional interests to interfere with work that had to be done for organized and scientific medicine in California—may be read in connection with brief biographical sketches of President William R. Molony, Sr. and President-Elect Karl L. Schaupp which follow, since their own, and the careers of former and present officers of the California Medical Association, but emphasize what President Rogers had in mind.

* * *

President William R. Molony, Sr.—William Richard Molony was born in Los Angeles, May 1, 1879, and, as his name indicates, is of Irish descent. He attended the Los Angeles High School, and secured his medical education in the Medical Department of the University of Denver, and the College of Medicine of the University of Southern California, from which latter institution in 1901 he received the M. D. degree. Doctor Molony served as resident physician at the Idyllwild Sanitarium in 1901, and in 1902 became the

resident physician at the California Hospital in Los Angeles. Since 1902 he has practiced his profession in Los Angeles, as a general physician and surgeon. During the years 1905-1911, he was demonstrator of anatomy in the College of Medicine in the University of Southern California and from 1909 to 1914, in the Los Angeles Medical Department of the University of California. In 1911 he was appointed professor of anatomy in the Dental Department of the University of Southern California, holding that chair for some ten years.

President-Elect Karl L. Schaupp.—At the seventy-first annual session of the California Medical Association held at Del Monte, California, May 3-6, 1942, the House of Delegates elected as the physician to be president-elect, Dr. Karl L. Schaupp, of San Francisco.

William R. Molony, Sr., President

Karl L. Schaupp, President-Elect

Doctor Molony was elected President of the Los Angeles County Medical Association in 1931, and was a member of its Board of Councilors during the succeeding decade. He has been a member of the Medical Advisory Board of the Los Angeles County General Hospital, and of the Los Angeles County Charities, and of the Hospital Committee of St. Vincent's Hospital. He was appointed a member of the California State Board of Medical Examiners in 1913, and received reappointment from successive State Governors, in three-year terms, to serve for a period of twenty-seven years, acting as the President of the Board from 1931 to 1941. During the years 1931-1942, inclusive, he has been one of the Delegates of the California Medical Association to the A. M. A. House of Delegates. He is a member of the Board of Trustees of the optional medical defense organization, "Medical Society of the State of California," and chairman of its Committee on Membership.

Dr. Molony's family consists of his wife, two sons, and two daughters. A deceased son was a Doctor of Medicine, and his other sons, William R. Molony, Jr., and Clement J. Molony, are also physicians; one specializing in pediatrics, and the other in orthopedics.

For members of the California Medical Association who may not be personally acquainted with Dr. Schaupp, the following biographical data are given:

Karl L. Schaupp was born in San Francisco, from which city his family moved to Santa Rosa while he was still an infant, and in Santa Rosa and Sonoma County he remained up to the age of 18. At that time the Alaska Gold Rush was on, and its lure took him to the frozen north, to remain for six years, grub-staking and doing other work, and going into Fairbanks, not by airplane but with dog-team. Returning to California, he entered Stanford University, there receiving the degree of A. B. in 1912, and M. D. in 1916, after which he began practice in the city of Palo Alto. In World War I he entered the Army, and was stationed a part of the year 1918 at Fort Riley, Kansas.

Returning to San Francisco, he entered private practice and became attached to the teaching staff of Stanford University School of Medicine. Since 1919 he has been the visiting obstetrician and gynecologist on the Stanford side of the San Francisco City and County Hospital. From 1928 on, too, he has been director of obstetrics for the Out-Patient Department of the City of San Francisco. He was president of the San Francisco County Medical Society in the year 1933, and during a period of nine years he was a councilor for the California Medical Association, for two years acting as its Chairman. For many years he was a member of the San Francisco Com-

munity Chest, and was chairman of its Health Council for five years. When the Federal Agricultural Workers' Health and Medical Corporation was formed in 1928 for California and adjacent States, he took a prominent part in its organization, and has been a member of its Board of Directors since that time. For some years he has also served in the Bay region on the board of Directors of Hospital Service of California.

Dr. Schaupp's immediate family consists of himself, Mrs. Schaupp and three sons, one of whom will receive his degree this year to enter service in the Navy, the other being in the senior class at the Medical School of Stanford, and the third still in high school, but likewise looking forward to becoming a disciple in the profession of medicine.

* * *

Love of Medical Profession Leads Many Physicians to Render Service Through Organized Medicine.—As indicated above, service to the profession, through organized medicine and official responsibilities in medical societies, has always had lure for many physicians. In this issue of CALIFORNIA AND WESTERN MEDICINE appear the photograph and a biographical sketch of the Founder of the California Medical Association, Benjamin Franklin Keene.* Every member of the Association should take the time to read the absorbing outline of his life, and what the colleagues of his day (1856) thought of him. The record of his brief life, indeed, redounds with accounts of service to others.

* * *

Other Officers Who Were Elected.—For the information of readers, the list of newly-elected officers and delegates is given below:

Karl L. Schaupp, M. D.....President-Elect
San Francisco

Lowell S. Goin, M. D.....
.....Speaker of the House of Delegates
Los Angeles

E. Vincent Askey, M. D.....
.....Vice-speaker of the House of Delegates
Los Angeles

Councilors

Donald Cass, M. D....Councilor Second District
Los Angeles

R. Stanley Kneeshaw, M. D.....
.....Councilor Fifth District
San Jose

Frank A. MacDonald, M. D.....
.....Councilor Eighth District
Sacramento

Sam J. McClendon, M. D....Councilor-at-Large
San Diego

Edwin L. Bruck, M. D.....Councilor-at-Large
San Francisco

Delegates to the American Medical Association

Edward N. Ewer, M. D., Oakland
Edward M. Pallette, M. D., Los Angeles
Robert A. Peers, M. D., Colfax
William R. Molony, M. D., Sr., Los Angeles
Dwight L. Wilbur, M. D., San Francisco

Alternates to the American Medical Association

Frank R. Makinson, M. D., Oakland
William H. Kiger, M. D., Los Angeles
F. N. Scatena, M. D., Sacramento
Ralph B. Eusden, M. D., Los Angeles

Names of Committeemen and other appointed officers will be given in the official minutes of the 71st annual session, to appear in the June issue of CALIFORNIA AND WESTERN MEDICINE.

Headquarters' Office

George H. Kress, M. D.....
.....Secretary-Treasurer and Editor
John Hunton.....Executive Secretary

PROPOSED "BASIC SCIENCE INITIATIVE" FOR CALIFORNIA

"Basic Science" and "Basic Subject" Acts.—CALIFORNIA AND WESTERN MEDICINE, in its issue of April, on pages 228 and 229, reproduced two documents of unusual significance; one, a letter on the stationery of the Board of Chiropractic Examiners of the State of California, signed by the Board's secretary, and the other, a communication from a "Coördinating Committee." Every licensed physician and surgeon owes it to himself and his profession to scan these two epistles, and to ponder concerning their significance. It is not known at this writing whether the Chiropractors will be able to secure, prior to June 5, 1942, the 212,117 valid signatures of voters on petitions that are necessary to give their "Basic Subjects Act" a place on the November, 1942 state ballot.

As regards the "Basic Science Act," sponsored by a group in which the California Medical Association is a member, it may be stated that satisfactory progress is reported, and that every proper effort will be made to realize the objectives of those who are in favor of a Basic Science law.

* * *

Summary Concerning Basic Science Laws of the United States.—The annual "State Board" number of the *Journal of the American Medical Association* appeared as its issue of May 9, 1942, and from the comments given under the caption, "Basic Science Boards," on pages 176-177, the following interesting statistical information is taken:

BASIC SCIENCE BOARDS

"Basic Science requirements underlying the practice of the healing art have been created by legislative action in sixteen states and the District of Columbia. These acts provide certification by a board of examiners in the basic sciences as a prerequisite to eligibility for a license to practice any branch of the healing art, whether the license

---

* For sketch of Founder Benjamin Franklin Keene, see page 297.
See also interesting letter on page 331 from Doctor John C. King, President of California Medical Association in 1910.

is to be issued after written examination or on the basis of endorsement of credentials or reciprocity. Connecticut and Wisconsin, in 1925, were the first states to enact laws. The most recent addition to the list, and the only new one added in 1941, was New Mexico. While the Basic Science laws in some states include reciprocal agreements, the certificate is obtainable only after examination in the majority of instances. . . .

"In 1941 Basic Science boards were in operation in Arizona, Arkansas, Colorado, Connecticut, the District of Columbia, Florida, Iowa, Michigan, Minnesota, Nebraska, New Mexico, Oklahomafi Oregon, Rhode Island, South Dakota, Washington and Wisconsin. . . .

"There were 2,148 candidates in the various groups examined last year by the seventeen boards named. Of this number 1,768 were doctors of medicine or medical students, 151 osteopaths, 16 chiropractors, and 189 were placed in the unclassified group. Of all applicants examined, 1.751 passed and 397, 18.5 per cent, failed. Of the physicians examined 11.8 per cent failed; osteopaths 36.4 per cent, chiropractors 68.8 per cent and unclassified 52.4 per cent. Among those who passed there were 1,560 physicians, 96 osteopaths, 5 chiropractors and 90 who were unclassified. Ten doctors of dentistry passed but none of the naturopaths. Iowa examined the greatest number, 295, of whom 35.6 per cent failed. The next largest number, 264, were examined in Minnesota, with 18.9 per cent failures. One other state examined more than 200, Florida, of whom 13.0 per cent failed."

EDITORIAL COMMENT†

SAPROPHYTIC ANTITOXINS

An entirely new field of practical therapeutic research is initiated by Neter's[1] current demonstration that certain enzymes, isolated from saprophytic bacteria, are able to neutralize or destroy toxins formed or secreted by virulent pyogenic cocci.

Antagonism between pathogens and environmental saprophytes has been of research interest for many years.[2] Fleming,[3] for example, obtained a substance from Penicillum notatum ("penicillin"), which is markedly antagonistic to pyogenic cocci and diphtheria bacilli. Since this substance is not antagonistic to B. influenzae, the substance has been used as an aid in the isolation of this organism. Somewhat later Waksman[4] isolated two similar bacteriostatic agents ("actinomycins A and B") from Actinomyces antibioticus. Of greater clinical interest, however, are "gramicidin" and "tyrocidin," recently isolated by Dubos[5] from Bacillus brevis. Gramicidin acts solely upon gram-positive bacteria, while tyrocidin is also bactericidal or bacteriostatic for gram-negative bacteria. A mixture of these two substances is at present commercially available under the trade name, "tyrothricin."

The latest addition to this rapidly-growing list of saprophytic antiseptics is "streptothricin," recently isolated by Waksman[6] from certain soil Actinomyces. In contrast with most of the earlier saprophytic products, Streptothricin is primarily active against gram-negative bacteria (e.g., B. coli). Since it is active in the presence of agar, it is of promise in the preparation of differential culture media.

In view of the successful isolation of antibiotic agents from environmental saprophytes, the question arises as to whether or not some of these agents may not also act upon cell-free bacterial toxins. In order to test this possibility, Neter selected two toxin-like products: (a) the anti-human fibrinolysin, secreted by virulent strains of hemolytic streptococci, and (b) the coagulase formed by certain highly virulent staphylococci. Both of these fractional toxins were tested against tyrothricin and actinomycin A. In a typical test, constant amounts of cell-free fibrinolysin were mixed with increasing amounts of tyrothricin, and the resulting mixtures tested for their lytic action on human plasma clots, by the technique of Tillett and Garner.[7] In test tubes containing 0.001 mg. or more tyrothricin, the arbitrary dose of fibrinolysin was completely neutralized or destroyed. Similar quantitative neutralization was noted in the presence of 0.0005 mg. actinomycin A. In similar tests with staphylococcus coagulase, neutralization was also complete with 0.001 mg. tyrothricin or 0.005 mg. actinomycin A.

Since fibrinolysin and coagulase play important rôles in the pathogenesis of streptococcal and staphylococcal infections, the two saprophytic products, tyrothricin and actinomycin A, can be conveniently classified as fractional antitoxins. Whether or not these microbic antitoxins are active in the animal body, has not yet been determined.

P. O. Box 51.

W. H. MANWARING,
Stanford University.

REFERENCES

1. Neter, E.: Proc. Soc. Exp. Biol. and Med., *49*, 163 (Feb.), 1942.

2. For bibliography see: Waksman, S. A., Bact. Rev., *5*, 231, 1941.

3. Fleming, A.: Brit. Jour. Exp. Path., *10*, 226, 1929.

4. Waksman, S. A., and Woodruff, H. B.: Proc. Soc. Exp. Biol. and Med., *45*, 609, 1940.

5. Dubos, R. J., and Hotchkiss, R. D.: Jour. Exp. Med., *73*, 629, 1941.

6. Waksman, S. A., and Woodruff, H. B.: Proc. Soc. Exp. Biol. and Med., *49*, 207, 1942.

7. Tillett, W. S., and Garner, R. L.: Jour. Exp. Med., *58*, 485, 1933.

† This department of CALIFORNIA AND WESTERN MEDICINE presents editorial comments by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to all members of the California Medical Association to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

ORIGINAL ARTICLES

PRESIDENTIAL ADDRESS—ANNUAL SESSION, 1942*

HENRY S. ROGERS, M. D.
Petaluma

TODAY, the Medical Profession finds itself confronted with total war, and, with the rest of our citizens, we have a very grave responsibility: that of rendering medical care to our armed forces, to public health services, to public institutions and to our large civilian population.

To do this job adequately, will tax our resources in man-power, and change methods of teaching and instruction in our universities; and, in many instances, even change certain physician-patient relationship in civilian practice.

As soon as the first Selective Service Act was passed, the Medical Profession realized that no provision had been made for exempting medical students.

Our leaders held a series of conferences with the proper authorities, to the end that universities could continue training, educating and graduating physicians, so there would be the necessary replacements of medical men for the country's needs.

All of our medical schools and universities are now operating on a continuous year-round basis, giving the full medical course in approximately three years.

The Secretary of War has recently approved a change in Army Regulations, which authorizes the commissioning, as Second Lieutenants in the Medical Administrative Corps, of all students in Approved Medical Colleges, providing they meet the physical and other requirements.

The Secretary of the Navy has also recently approved changes in Navy Regulations, substantially the same, except that medical students are appointed as Ensigns in the United States Naval Reserve.

The certification to the Procurement and Assignment Committee of these students, interns, resident physicians, teaching and research staffs, adds to the duties and responsibilities of the Deans of our schools, and, in many cases, older teachers must return to teaching to release younger men to the armed forces.

The entire medical profession, including the California Medical Association, is whole-heartedly coöperating with the National Government.

Our schools will continue to graduate well-trained students.

Our younger men are accepting commissions and entering the armed forces.

Our older men are working longer hours, men who have retired are returning to work, *(no 40 hours-a-week here!)* and, to a reasonable person, it would seem that, while we are engaged in this task of stretching our personnel over many fronts, coöperating to the fullest extent with our Government to render medical care to our population, the *social-minded public welfare politicians* would have the sense of fairness to allow us to work, unhampered by the threat of adverse legislation.

But, unfortunately, such is not the case. The report of the Social Security Board, recently released to Congress, and press releases from the Department of Labor and the Treasury Department, indicate that, if anything, they intend, under the name of NATIONAL DEFENSE, to try and change the AMERICAN SYSTEM OF MEDICAL CARE.

Here in California, with the formation of California Physicians' Service by the California Medical Association, we believed the Medical Profession had the answer to our *problem.*

But, recent developments in one of our large county societies have reopened the subject of COMPULSORY HEALTH INSURANCE, or political medicine.

We have in the office many letters from organizations who were our friends, stating that now, since the medical profession seems to be repudiating its promises to the people of the State of California, they will actively support a program of state medicine.

Today, American Medicine's greatest danger lies in the possibility of refusing, or failing to keep in mind, Medicine's fundamental concepts during a period of abnormal crisis.

Possibly Doctors of Medicine have not fully understood nor been concerned about the concept of basic human rights.

They have invariably practiced it.

The basic tenet of American Medicine has been that, *"Where there was disease, a life was the issue."*

It mattered not whether prince or pauper was involved. If we are to make progress, this principle must be preserved and sanctified.

The whole of men's concepts are in flux. This basic tenet may be lost or sacrificed unless we make a task of preserving it.

"We are confronted with war."

We are faced with the insistent, compelling, all-important necessity of creating an adequate defense-mechanism and organization.

We are forced to admit the necessity of certain centralizations of power to insure the most efficient and effective operation of our industrial plant and productive equipment.

These are realities of the present.

It is essential that we understand that, to the extent we move toward a form of totalitarian control—will we affect the practice of medicine in the United States.

* Address of the President. Given at the First General Meeting of the Seventy-First Annual Session of the California Medical Association, Del Monte, May 3-6, 1942.

Under any form of governmental, social and economic structure, Medicine must and will occupy merely its relative place.

If the independence of Medicine, our doctor-and-patient relationship, and our pattern of medical practice are to be preserved, we must preserve the principles underlying our free institutions.

The Medical Profession now represents the only important group in the United States, which, while harassed from within and without, has shown not the slightest sign of capitulation or even retreat.

On the basis of this fact, it has automatically placed itself in the position of an intellectual leadership of those individuals, groups and institutions which seek to preserve the important elements of individual freedom and initiative, and the principle of *"private enterprise."*

If we live up to this opportunity and the serious responsibility it entails, the physicians of this country can—while preserving the independence of *American Medicine*—most importantly and vitally serve their country during its period of crisis and greatest stress.

If Medicine in California, and for that matter in America, is to continue, we must not forget Abraham Lincoln's famous remark,

"United we stand, divided we fall."

THE CALIFORNIA PHYSICIANS' SERVICE AND THE LOW-INCOME PATIENT*

RAY LYMAN WILBUR, M. D.
Stanford University

THERE is a wide range in human interests, capacities, ambitions, and experiences. These result in a diversified civilization, with some men and families at the bottom and others at the top of the economic ladder. The standard of living of different families and different groups varies widely in the same country and in different countries. We see the variations ranging from. "I've got plenty of nothin'" to "I've got plenty and am nothin'." In spite of religion, humanitarianism, politics and government efforts, people are constantly being born in accordance with the laws of eugenics, with wide differences in physical and mental capacities. This all makes for a varied and interesting social structure.

BIRTH EQUALITIES

In one field, though, all of us are born on a uniform basis. We have the capacity as human beings to act as hosts for numerous organisms that live and thrive in the body, many of them causing disease. We are all affected, too, by certain substances, such as vitamins, and by certain chemicals, some acting with us and some against us. Except for the immunities which we inherit, or which are created by our bodies, we can say that from the standpoint of disease we all have a practically equal relationship.

RESULTANTS OF HERD ACTIVITIES

This was viewed largely as a matter of individual consequence until the herd activities of human beings brought them together in communities, in armies, and under the control of organized nations. With wider knowledge, the group became interested in the welfare of the individual. Now, with our conception of public health, we find that it is imperative that we care for the few who are involved in certain diseases in order to prevent their spread to the many.

Modern medicine has been at the very forefront in advancing new conceptions of infectious disease and of many disease-conditions, viewed from the standpoint of the group as well as from that of the individual. It is because of this that we cannot concentrate our use of scientific medicine upon those along the upper rungs of the economic ladder, but must pay special attention to those nearer the bottom.

MODERN MEDICAL CARE

If we look back over a hundred years, we can at once see how government has been brought in to the medical care of the individual through hospitals for the indigent and the insane. In addition, we have taken care of certain classes, such as veterans, and of certain individuals with diseases that are recognized as of public consequence, such as the quarantinable diseases. then tuberculosis, and the crippled children. There has been a steady encroachment by the government into the field of individual responsibility for health along these lines, as well as absorption of responsibilities by organized society. With universal education, our nation has become conscious from bottom to top of the great advantages provided by modern medical care.

Unfortunately, there is no escape from the fact that medical care is costly, whether it is the personal services of the doctor and the nurse, or hospital care or laboratory analysis. Someone must pay the bills for good medical care. I need not review here the different schemes for this purpose that have been used, and that are now being used, or are the subject of wide propaganda.

CALIFORNIA'S EFFORT TO SOLVE THE PROBLEM

The outstanding fact is that here in California the medical profession, as such, has organized the *California Physicians' Service* to provide medical care, and along with it hospital care, on a prepayment basis. This is one of the great steps forward by the medical profession.

It is now a contest between the doctor and the politician to see who is going to organize and control medical care.

It is evident that those who are on a secure economic basis can provide for themselves, that many

---

* Notes from an address by Dr. Ray Lyman Wilbur, President, California Physicians' Service, made at the 71st Annual Session of the California Medical Association, Del Monte, California, May 3-6, 1942.

others can provide for themselves except in emergencies, and that those who are indigent must be provided for. The problem is to take care of men, women, and families of the American type who have modest incomes, but who recognize the desirability of getting first-class medical care when they are ill. It is a difficult thing to pick out just what economic levels should be covered. A purely artificial standard of an income of $3000 a year has been chosen as a ceiling. This is in no way stable in the changing conditions of war, with the rapid variations in the cost of living. It does, though, provide a basis for experimentation.

CALIFORNIA PHYSICIANS' SERVICE

It is most significant that when this California Physicians' Service was offered by the profession to the public there was no crowding the doors to get in. It soon became evident that it was quite a different thing to discuss the desirability of good medical care, from seeking such care when it took the form of insurance against an uncertain future. It was clear that, just as in life insurance, the idea had to be sold, groups had to be educated, and possibilities had to be developed. This meant that growth would be slow and along lines that permitted steady and constant change. The fear that we might be engulfed by too many applicants was very promptly dissipated.

We have had, though, a steady growth in numbers, and are finding ourselves on surer foundations every day. On March 31, 1942, we had the professional membership of 5,300; beneficiary members totaled 40,123; and we had a monthly income of approximately $60,000, and an administrative expense of about $11,000 per month. We are offering several different contracts, varying from a 2-visit deductible contract, a surgical contract, and a rural health program to a relationship to the war industries through the Federal Housing Authority.

Throughout our whole experience we have had the constant and sincere help of the vast majority of the profession. We are in a position to go forward from here more rapidly than ever before. In these changing times no one can say just what will eventuate, but certainly here in California we are better prepared to meet social changes, and to maintain proper relationships between patients and doctors, than in any other part of the nation.

SOME OF THE DIFFICULTIES

Naturally there have been many difficulties in trying to devise plans to provide adequate payment for professional services. The dues have been put on a minimum basis, and for the class of patient accepted there always has been much free or partially free service rendered by the physician. In individual instances advantage has been taken of the physicians by those who could make ordinary payments for service. Adjustments are being made and rearrangements planned to meet these inadequacies. The fortunate thing is that we are able to make such adjustments among ourselves, and that this is a project of the physicians. If this program had been set up by legislation, then such adjustments would have been of an arbitrary character and difficult to mold and change.

OUR SPECIAL RESPONSIBILITIES

It seems to me that our main responsibility is to be patient, and to continue to work together for the best solution possible, even under these war conditions. The profession is in for a considerable period of service with the armed forces. In this period there will be many changes. There will be many calls for medical service that may lead to social changes of a far-reaching sort while many of the profession are absent. I believe that one of the very best ways to secure a firm basis for the profession in handling its own affairs in the State is to work as earnestly as possible to use the *California Physicians' Service* as a basis for those reorganizations of medical care that are inevitable in practically every part of California. As the number of physicians and nurses in any community is reduced, we can, through the *California Physicians' Service,* organize centers where members of the profession can provide service on a reasonable prepayment plan to the advantage of everyone. In all of this the *California Physicians' Service* can assist in organization and administration, but the County Medical Society will be needed in order to provide the necessary service on a basis that will assure prompt attention and the greatest economy of time for the physician and all of his assistants.

The war will put our social experiment under heavy strains before it has been completely seasoned. It is still a fragile plant, that needs to be nourished and protected by the profession. If all of us unite, however, in its protection and promotion, we will, I think, have set the ways along which medicine will advance in the years just ahead.

Office of the President.

CAN THE HUMAN BODY KEEP PACE WITH THE AIRPLANE?*

DAVID A. MYERS, M. D., LT. COL., M.C., U.S.A.
San Francisco

THE entire world is in the midst of an industrial and military era born of military necessity. Coincident to, and as one of the paramount necessities, is aviation. In the past, new eras commenced with steamboats, with the railroads, and the automobile. Their dawns were marked with misgivings and catastrophies that befogged

* Guest Speaker's Address. Read at the 71st Annual Session of the California Medical Association, Del Monte, May 4, 1942.
From the office of Former Chief Flight Surgeon, U.S.A. Air Corps.

the popular vision. So in aviation, the heroic recklessness that the hazards of war make necessary, the dramatic daring of pioneers trying their wings beyond the realms of known safety, the foolish adventures of unskilled fliers in obsolete machines, divert public attention from what is really going on in the solid, safe development of aviation and its allied factors. This era does not imply the discarding of old-established means of transportation. It means a sudden extension of the capabilities of man; the power to reach hitherto inaccessible spots unerringly and with great swiftness; a means of leaping geographical boundaries in comfort and safety, and another triumph over all-consuming time.

NEWNESS OF AVIATION

Aviation is a comparatively new field towards which man has come to direct his energies. It is a hobby for many—bread and butter for many more, and today it is undoubtedly the salvation and relief of a war-torn world. It can and does bring fear, devastation and death as a war instrument. Its progress to its present place in the control of world events has been marked by many hazards, many deaths, many adjustments.

Every era of transportation has produced its own category of human ills, ailments and problems. Each era has eventually furnished new light on the solving of the problems, and produced a larger vision regarding that very essential thing to the progress of mankind—prevention of untoward effects arising from the environment in which we live and function. Mankind has ever sought improved methods of transportation, with ever-increasing speed the ultimate goal. Aviation has brought problems relating to oxygen want, acceleration, eyes, ears, air sickness, unprecedented demands on the special senses, inroads on the nervous system, the cardio-vascular system and the body in general.

Aviation engineers push a plane out on the line and say, "There she is boys. She'll do 500 miles an hour and go to 50,000 feet"; and. be it said to the everlasting credit of the Air Corps, some pilot will step up and say, "All right, let's go." About this time, a serious-looking gentleman, (the boys in the Air Corps call him a Flight Surgeon), steps up and says, "How about going along? I think this crate will do what they say it will, but I am not so sure what will happen to the 'Old Timer' up there in the pilot's seat, and if you fellows are going to continue these flights, I've got to know because I have to take care of 'Old Timer' after he gets back and fix him up so he can go again." So far the engineers have outdistanced the Flight Surgeon. They have built aircraft capable of annihiliating space at any altitude, including the stratosphere. Aviation medicine has not yet arrived at definite conclusions as to what "major overhaul" it is necessary to accomplish in human beings in order that they may operate and accompany, with safety and comfort, these speeding demons.

From the Wrights and Kitty Hawk to the present space-annihilating airplane is a long way in terms of transportation. It is a much longer way in terms of adapting the human body to the change. The fighting airplane is subjecting the human body to conditions heretofore deemed impossible. Unlimited speeds are in the offing. Substratosphere flying is already here; the stratosphere is next.

THE HUMAN BODY AND AIR ENVIRONMENTS

Can the human body survive and continue to efficiently function in such environments? Frankly, we do not know. It is, therefore, up to those who make a vocation of flying and its allied factors, in conjunction with the medical profession, to solve the human problems confronting both military and commercial aviation in order that man may proceed with safety and comfort, when, where, and how he desires, and that the personnel flying and fighting in our combat ships may return victorious and without physical detriment from their missions.

AVIATION MEDICINE'S FUNDAMENTAL PRINCIPLE

In order to accomplish this, the Air Corps brought into existence the Flight Surgeon Corps. A Flight Surgeon is a doctor ordered to the Medical Division of the Air Corps, a component part of the Medical Corps of the Army, assigned to the duty of living with, flying with, studying these human birds both in flight and on the ground. The Flight Surgeon Corps is a body of men, both civilian and military, all government-trained at a special school of Aviation Medicine; officers by profession, doctors by education, and fliers by necessity. They are able to draw upon the unlimited store of knowledge possessed by the medical profession in general, trained in specialized examinations, and taught especially to observe the reactions of the human body under stress of flying. These pioneer flying doctors, with the aid of the profession at large, will be able to come to definite conclusions on the human problems of flying. Much experimental and research work is still needed before the present attainable speeds and altitudes are made safe for not only military personnel, but for Mr. Average Citizen. Aviation is a complex task. It has the fineness of art and the exactness of science. The military aviator must perform with the highest efficiency or perish. Therefore he must be selected with great care—physical fitness with high thresholds against stress, combined with stable mental and nervous systems, are essential. The *selection* and *maintenance* of the aviator is the fundamental principle on which aviation medicine is founded.

PHYSICAL STANDARDS FOR FLYERS

Experience in Military Aeronautical training has demonstrated that not every applicant can meet the requirements of the flying task; although he has been found physically qualified, is a member of an optimum group, and has the essential

educational background, he may nevertheless fail in adjustment and performance.

Our present physical standards for military flying are based on past experience of selection and maintainance. It is known that some men with severe physical handicaps, have made excellent pilots. Immediate efficiency and ultimate economy indicate the wisdom of admitting to training only the very best physical material.

Selection.—In selection only those individuals who are free from real or potential psychological, physical, and mental conditions, should be chosen. The Air Corps physical examination standards have always been high and tend to select only those individuals who will be specially suited for performing complex tasks in an entirely new environment, the air.

In addition to selection, from the physical standpoint, there must be psychological evaluation. Human behavior, as the result of psychological characteristics, differs in each of us and the determination of that psychological makeup best suited to aviation is essential. Among the essential characteristics are intelligence, memory, learning, habit formation, attention, emotional content, reaction time.

Intelligence is the ability to apply past experience to the solution of new situations and problems. Flying is a new situation for a human being, and in order that he may adequately meet the many problems involved, it is essential that he possess a satisfactorily high level of general intelligence. Experience has shown that not all individuals having normal or even superior intelligence make successful military aviators. Learning to pilot an airplane demands an accurate capacity for learning, of a specialized sort. At least normal intelligence should be required, as those with less than this endowment are slow to understand instructions, do not remember and have great difficulty in solving their problems quickly and effectively.

Memory and Learning.—To become a military flyer, one must learn a great many things. Normal rapidity of learning, with correct habit formation, are essential. Individuals vary in their capacity to learn. Some learn quickly and forget at once. Others learn slowly, but remember for long periods. The person who learns quickly and retains well the specific instructions required for military aviation will inherently be the best material to select. As the result of learning, our experiences, stored away in our brain, take on meaning resulting in perception of our surroundings and environment, and the ability to estimate quickly all situations. Keen perception is an essential factor in pilot make-up. For instance, in flying you see the ground below, and with experience learn much, and perceive many things that are meaningless to others, such as approximate altitude of the airplane, character of the terrain, direction of the wind, etc.

The speed with which the various maneuvers must be learned and coördinated is definitely related to the speed of the aircraft. The responses of the pilot must be learned so well that they become automatic in nature, and not a routine method of handling the ship's controls. When instruction is poorly learned, or when memory lapses, there cannot be effective response and disaster is in the offing. It is apparent, then, that rapidity of learning and habit formation are necessary factors.

Attention.—Learning, memory and attention are very closely related, as are all the psychological factors. Effective learning can only be accomplished when there is undivided attention and concentration on the subject at hand. Fighting aircraft built for maximum performance are equipped with much apparatus controlling the power plant, the flight instruments, the landing gears, the wing flaps, the deicers, the radio, and the propeller controls, and many other essential elements of successful flight. All of these instruments require attention at precisely the moment when indicated, or trouble ensues. Absent-minded, over-concentrating or distractable-minded individuals do not belong in the cockpit of a fighting airplane.

Emotional Content. — Emotional stability is essential in the successful military aviator, because he must fly and fight in the air away from all ordinary environment, faced with dangerous situations, his own life and that of his comrades depending on an emotional stability that will permit coördinated reactions with lighting-like rapidity when required. Many of the normal emotions, such as anger, fear, resentment, anxiety, surprise, etc., will retard the thought-processes and interfere with the normal flow of coördinated movements, and unless the pilot has emotional stability and control above the average, he will be preoccupied, inattentive and, therefore, dangerous.

Reaction Time.—The regular flow of, and the stability of reaction time are exceedingly important in flying, and have been given much consideration in the selection of prospective fliers. Slow-thinkers and slow-reactors are at a distinct disadvantage in flying. Reaction time and mental processes slow up with age, and the fixed habits of age hinder activity; therefore age occupies a definite place in the selection scheme.

This discussion has considered only a few of the factors regarded essential in selection. The sought-for selection ideal would be a physically sound body, encasing an individual who possessed, in a desirable degree, the psychological traits and factors that would result in proper adjustment and performance in any environment.

Flight Surgeons, in conducting this psycho-psychiatric examination or personality study, have three goals in mind: first, to establish the psychic state of the individual; second, to predict the future of that state; and third, to evaluate its adaptability to the new and unusual environment and experiences of aviation.

Maintenance.—Every vocation in life, including aviation, has the ordinary maintenance problems of diet, rest, relaxation, exercise, hygiene

and sanitation. Aviation, due to its peculiar environmental factors, has many specific problems found only in aviation.

The following list comprises most of the important maintenance problems that aviation medicine has to deal with:—

1. Oxygen and altitude flying.
2. Altitude sickness, acute and chronic.
3. Effects of speed and sudden accelerations.
4. Blacking out.
5. Flier's belly.
6. Effects of noxious fluids and gases.
7. Effects of glare, cold, heat, light, wind, ventilation, and vibration.
8. Effects of flight on (1) eyes (2) ears.
9. Bends or decompression sickness.
10. Occupational fatigue.
11. Aerial equilibrium and spatial orientation. (Blind flying.)
12. Air sickness.
13. Accidents peculiar to aviation.
14. Aero embolism.
15. Anoxia.
16. Protective flying equipment.
17. The neuroses.
18. The psychoses.
19. Aerial sanitation.
20. Aerial relief in emergencies, civilian and military.

The program time assigned will only permit of briefly discussing a limited number of the more important problems with which aviation medicine is vitally concerned as having a direct bearing on the maintenance problem.

SOME PROBLEMS OF AVIATION MEDICINE

Many of the problems are intimately related and group discussion will be attempted.

Altitude sickness, Oxygen and high altitude flying:

The life of man is dependent, not on the quantity or percentage of oxygen in the atmosphere, but on its pressure. Altitude sickness is a form of asphyxia due to diminished partial pressure of oxygen. Much valuable research work regarding the physiological phenomena of altitude has been accomplished, but as soon as an attempt is made to interpret the phenomena of altitude in terms of their causes, difficulties arise. The reason for contradictory theories is to be found in the complexity of the factors which enter into the environment at high altitudes. Among the climatic variables are the low atmospheric pressure, with its low partial pressure of oxygen, the peculiarities of the sunshine, low temperature and humidity, the high wind, and the electric conditions of the atmosphere and ionization.

It is clearly established that high altitudes or low barometric pressure, when first encountered, interfere with the normal workings of the human machine. Any sudden disturbance of any of the bodily functions is usually manifested by symptoms of illness. The disturbances brought on by change of altitude, the symptoms of which are occasionally so mild, depending upon the altitude, may be entirely overlooked by the unobservant. Mankind differs greatly in the power of adjustment to changes of environment. Hence, it is found that altitude sickness befalls some individuals at a lower, others at a higher altitude, but it is also certain that no one who ascends beyond a certain elevation—the critical line for him—escapes the malady. An elevation of 10,000 feet, or even less, might provoke it in some, others may escape the symptoms up to 14,000 feet, while only a very few, possessed of unusual resisting power, can without distress venture upward to 19,000 feet. The symptoms of altitude sickness depend not only on the nature of the individual and his physical condition, but also on various contingencies, especially on the amount of physical exertion made in ascending.

The symptoms produced in the nervous system by higher altitudes are of the most importance from a performance standpoint. There is dulling of the senses and intellect without the individual being aware of it. Memory is affected early and is finally almost lost. Rational judgment is impaired, resulting in fixed, erroneous ideas, and often in uncontrolled, emotional outbursts. Muscle coördination is much affected. Power over the limbs is lost, the legs begin to paralyze, then the arms, and finally the head. The senses are lost, one by one, hearing being the last to go. Any sense of pain is lost early. Without cause there may be laughter, shouting, singing, tears, or actual violent actions. Always, however, there is present complete and satisfactory confidence regarding everything that is happening. It is desired to stress the following: That while the essential cause of altitude reactions is lack of oxygen (anoxemia), the functional disturbances noted are not merely anoxial, but are largely the expression of a secondary and almost equally important deficiency of carbon dioxide in the blood and the tissues. Deficiency in oxygen induces over-breathing and a resulting deficiency of carbon dioxide. Reduced carbon dioxide in turn causes subnormal respiration, and this in turn increases deficiency in oxygen.

The composition of the atmosphere is uniform below the stratosphere, i.e., approximately 70.000 feet:

Oxygen, by volume	21%
Nitrogen, by volume	78%
Inert gases, by volume	1%

It is, therefore, apparent that the problem we are confronted with in altitude flying is the maintenance of the positive pressure around the body and in the lungs. This is an engineering problem. From the physical standpoint, the low densities, pressures and temperatures are a serious hindrance, in that special precautions must be taken to allow the human body to survive.

Findings regarding the physiological reactions of man to the several types of anoxemia show clearly that the response to lack of oxygen varies with the rate at which the oxygen is decreased,

the degree to which it is reduced, and the length of time it is reduced. The respiratory, circulatory, and blood changes have not been found to be the same in the several methods studied for producing this condition. It seems the reaction of the aviator to the lack of oxygen experienced during high altitude flights is quite different from either the very rapidly-produced anoxemia of nitrogen breathing or the slowly-developed condition of the mountain climber. Because man reacts in a certain way to nitrogen or to mountain living, it is not safe to predict how he will respond to lack of oxygen during high altitude flights. Laboratory results are proven positive only when we subject man to the actual conditions of an altitude flight.

The air forces have the following orders regarding the use of oxygen:

1. All flights of 10,000 feet of over one hour duration.

2. All flights to 15,000 feet regardless of duration.

3. From the ground up when the rate of climb is 2000 feet per minute.

4. At night from the ground up.

Effects of speed, sudden accelerations, sudden retardations:

In considering this most important subject, two main factors must be kept in mind: (1) the immediate and the ultimate effect on the body tissues, and (2) the immediate effect from a performance standpoint on the individual. The problems of speed, centrifugal force, sudden accelerations, sudden retardation, etc., are carefully figured out by engineers in order that their finished aircraft may withstand all the stresses it will be subjected to. Then it is turned over to a human being to put it through its paces. You cannot build human beings according to specifications. They are produced and delivered as is. You can design a wing that will not come off or crumple at 600 miles an hour, but we cannot supply a liver, blood or spinal fluid, that will stay in their proper place and continue to function under the imposed conditions. Engineers estimate the ultimate speed at sea level at around 660 miles per hour, and undoubtedly human beings can withstand speeds in excess of it. It's when the aircraft makes turns, banks, and dives that centrifugal and centripetal force will begin to create havoc with the human body. The effects of speed "per se" may be minimized, the effects of changes of rapid motion will cause trouble, how much is yet unknown. Centrifugal force acts away from the center. Centripetal force acts towards the center. Centrifugal force acting on the individual tends to carry him in the original direction he was traveling. Traveling at a high rate of speed and suddenly going into a turn, centrifugal force acts on the flier to carry him in the direction of original travel. He cannot move, being firmly fixed by strapping. The body, however, being made up of much that is fluid and semifluid, and everything contained in the body that is moveable, tends to keep moving in the original direction. This actually does produce temporary unconsciousness ("blacking out"), and it is conceivable that damage may ensure to any of the internal organs and be possible for the brain to be sucked down towards the foramen magnum and result in actual brain injury. The damage incurred is the result of the endeavor of the fluid and semifluid contents of the body to move in the direction of centrifugal force. When a pilot has acting upon him an acceleration of several times that of gravity, there is the same proportionate increase of weight in the pilot himself. Therefore a pilot weighing 180 pounds subjected to an acceleration of 5 G would weigh 940 pounds—the blood column itself becomes heavy, there is interference with the flow to and from the brain, and a "black out" is inevitable. This centrifugal force, applied over a period of 3 to 5 seconds, will result in unconsciousness, a succession of "black outs" short of actual loss of consciousness, will result in a decided impairment of immediate function and an end-result having all the symptoms of extreme fatigue.

Experiments carried out at the Physiological Research Laboratory, Wright Field, Ohio, by Flight Surgeon Lt. Colonel Harry G. Armstrong, M.C., on the centrifugal machine constructed under his supervision, have served to solve the problems of what happens to living tissue when subjected to various accelerations. By means of this equipment animal experimentation was carried out and quite definite conclusions arrived at regarding the limits of human resistance to accelerations.

"Blacking Out" and Flier's Belly:

"Blacking out," or temporary unconsciousness of the pilot, first came under the author's personal observation during a tour of duty with a Pursuit Squadron in the Hawaiian Islands, 1923-1926. Pursuit aviation requires much acrobatic flying, either single or in formation, and all the elements of speed, sudden acceleration, banks, turns, diving, pull-outs, etc., are present. Information was hard to obtain since the pilots were loath to admit anything was happening to them while in flight. Their idea was that this was an individual reaction, and not a universal phenomenon. This "blacking out" was reported when coming out of long dives, and to a less extent on sharp banks and turns. It persisted in some cases until the upward flight had traversed several hundred feet. The period varied in individuals. The sequence of events producing this reaction is as follows:

1. Sudden change to dive position with increasing acceleration.

2. Sudden and violent change of direction and position at the end of the dive, in preparation for the upward climb.

3. Sudden and violent change of position and direction, with acceleration going into the upward climb.

This sequence of events takes place in military

aviation in nearly all ground attack objectives, air combat, gunnery and dive bombing, etc. The reaction is universally admitted by all who participate. During the downward dive there is an excessive supply of blood drawn from the splanchnic reservoirs to the brain. During the flattening out of the sudden ascent, there is an excessive drainage of blood from the brain to the splanchnic area. Old-time pilots adopt various means to try to overcome this "blacking out." Some cry out as loudly as they can. Some wear tight belts. Some cock their heads sharply to one side. Some fill their lungs and forcibly hold their breath. No matter what they do, however, they all "black out." Unconsciously they are adopting measures in an attempt to prevent the reaction caused by the surge of blood to and from the brain and abdominal areas. Nothing has been found as yet that will prevent the occurrence. Undoubtedly pilots have lost control of their ships in doing dives and vertical banks at speeds. The return to normal is reported by the pilots as "sudden." They were in control of their ships or immediately assumed control upon recovery. This must have been true, the only other alternative being a sufficient altitude to furnish a margin of safety. It was concluded that "blacking out" was a transient phenomenon resulting from the violent disturbances of the blood supply to the brain, coupled with unusual movements of the brain itself produced by sudden changes of the body position at high speeds. What ultimate effect repetition will have on the brain is yet unknown.

Flier's Belly:

During the observations made on "blacking out," it became apparent that other physical conditions were arising as the result of this oft-repeated sequence of flying maneuvers. Many pilots eventually arrived at a physical condition which, for want of a better term, the author called "flier's belly." The same causative factors producing "blacking out," while they apparently had no findable lasting effects on the brain and brain tissues, produced a symptom complex definitely referred to the splanchnic area. The appearance of symptoms varied in individuals. The neurotics showed early, the semi-neurotics next, and the stables last. Recoveries were in the reverse order. There was capricious appetite; often a loss of desire to eat. Nausea was observed with actual vomiting, especially in the neurotics. Indefinite pain and distress in the epigastric region were common to all. The circulatory efficiency test (so-called Schneider Index) was usually low, indicating a neuro-circulatory involvement. Restlessness and capricious responses to sensory stimuli were common. The "muscular urge" was great, and fatigue came on quickly and easily. Invariably the pilots attributed their condition to something wrong inside their "belly." X-ray and laboratory findings were negative. Complete removal from participation in pursuit tactics and aerobatics, with correction of any faulty habits, usually sufficed to relieve the symptoms, particularly in the semineurotic and stable individuals. Transfer to slower ships, and routine flying or temporary complete removal from flying, was often necessary.

Whether "flier's belly" is a distinct entity, or merely the cumulative effects of occupational neurosis or staleness, has not been proved. The author believes it is an entity and classifies it as a splanchnic neurosis, induced by occupational acts, eventually resulting in a distinct splanchnic condition which, if progressive, results in the well-recognized staleness arising from digestive and splanchnic disorders. It would appear that, since no lasting symptoms were observed in the brain, but did appear in the splanchnic area, the brain encased in its protective coverings is better able to survive the oft-repeated traumatic acts described than the less-protected abdominal contents. Only time and further research will solve this problem. The author desires to go on record as believing "flier's belly" is a distinct entity.

Aeroembolism, Bends, Decompression Sickness:

Armstrong defines aeroembolism as a condition produced by a rapid decrease of pressure below (1) atmosphere, such as may occur in aircraft flights to high altitude, and which is marked by the formation of nitrogen bubbles in the body tissues and fluids. The formation of nitrogen bubbles in the body at high altitudes is the same physical process as causes them in deep-sea divers and compressed-air workers.

The bends occur from compression followed by rapid decompression, while aeroembolism occurs from decompression. Body tissues and fluids are saturated with the atmospheric gases at the prevailing sea-level pressure, and the blood in the lungs takes up and dissolves these gases. Nitrogen take-up is much in excess of oxygen and carbon dioxide, and nearly all of the dissolved oxygen in the blood is consumed by the body tissues while the nitrogen is inert, and is not utilized but remains in the tissues in amounts dependent on the partial pressure of the gas in the lungs; therefore at sea-levels the tissues of the body are always saturated with nitrogen. During altitude flights where the atmospheric pressure is decreased, the nitrogen in the blood is given off in the lungs, and that in the tissues begins to enter the blood stream and, by this dual process, the body attempts to rid itself of the excess nitrogen. If the flight ascent is slow enough nothing happens. If the ascent is fast nitrogen bubbles will form in the blood, and tissues of the body. Tissues having a high-fat content and a poor blood supply are favorable sites for bubble formation. Modern aircraft have reached 56,000 feet, and many have a service ceiling of 35,000 feet. Nitrogen bubbles have been shown in the spinal fluid at 18,000 feet, and in the blood and body tissues at 30,000 feet. A rate of climb in excess of 78 feet per minute will produce the disease, and most modern airplanes can ascend at 2000 feet per minute. The control of these symptoms is simple

from a commercial standpoint. Simply don't go high enough or fast enough to get into trouble, and if you do have trouble come down slowly.

What can be done when climbing speeds reach 2000 feet a minute and dive bombing speeds are at terminal velocities, and both are routine daily assignment, has yet to be determined. Pathologic lesions are produced by circulation blocking and the mechanical pressure exerted by the tissue bubbles. Cardio vascular failure, pulmonary edema, local disturbances due to circulation failure may show in any organ of the body or central nervous system. The bubbles in the tissues produce pain in the various body structures by pressure, while the central nervous system lesions are due to stretching and tearing, causing disturbed sensory and motor functions.

Fatigue—Staleness:

Occupational fatigue in all the vocations has been given much study by the medical profession, and many improvements and changes vital to the welfare of industry and workers put into effect. Every effort has been made in recent years to surround our aviators, while flying, with all the protection possible, in order that they may function with the least effort and without having to make personal adjustments in an effort to ward off the physical and mental fatigue incident to their environment. Since the early days of flying, the stale and over-flown aviator has been a problem. In no branch of the service is staleness or occupational fatigue so apt to occur as in the air forces, and in no branch is it of more vital importance. The daily tasks of the bomber, combat and interceptor groups are performed under abnormal stress. Handling high-powered aircraft capable of 400 miles an hour, with the resulting vibration, rapid changes of speed and altitude, faced by the danger of "blacking out," and aeroembolism, subjected to intense cold, exposed to enemy anti-aircraft, and enemy aircraft fighters, responsible for the lives and safety of the combat crew, maintaining proper position in close formation flying, forced frequently to do blind flying, is it any wonder that "flying fatigue" is the chief problem of maintenance?

Aviation is still in its infancy. With the passing years there have been astonishing developments, and the end is far in the future. Much has already been accomplished in aiding the human body to survive and live in these unknown and unexplored regions. A vast field for research of the most vital and valuable kind is open for the specialist in Aviation Medicine. The surface has been scarcely scratched. The information gained from medical research in aviation will undoubtedly play a great part in the fundamental construction of equipment to meet all the human requirements of not only military necessity, but the safety, health and comfort of the individual, as viewed from a commercial standpoint.

Presidio of San Francisco.

INTRAPERITONEAL USE OF THE SULFONAMIDES*

GEORGE J. LAIRD, M. D.
San Diego
AND
HERBERT STAVERN, A. B.
San Francisco

RECENTLY, in various journals, many articles on the intraperitoneal use of the sulfonamides have been published. It has been our observation that some surgeons have been using these drugs without proper regard for their chemical natures. It is well known that ordinary talcum powder, from the surgeon's gloves, causes adhesions.[1] Our work on dogs was started for the purpose of investigating whether or not the various sulfonamide preparations caused adhesions or other unfavorable intraperitoneal reactions.

AUTHORS' EXPERIMENTS

We have performed eleven experiments on seven dogs. In three dogs we used sulfanilamide powder, in four sodium sulfathiazole, and later we used the first three dogs for our sulfathiazole experiments. The intraperitoneal reactions in these dogs were studied at two-, four- and eight-week intervals.

In the dogs in which sulfanilamide was placed in the peritoneal cavity and into the abdominal wall outside of the peritoneum, there was no evidence either after two, or after four weeks that any drug had been used: There were no adhesions, the omentum was free and not thickened; there were no traces of the powder, and there was healing per primum of the wounds without any induration.

After sulfathiazole had been used in these same dogs, again no adhesions appeared; the omentum was free, but there was moderate thickening at the base of the mesentery. Wound healing was not delayed, but in one of the dogs there was a moderate amount of serous discharge from the wound during the first three days.

In contrast to the above observations, the use of sodium sulfathiazole produced large masses of adhesions in all four dogs after two weeks as well as after four weeks. The omentum and the bowels were matted into a hard inflammatory mass. In two of the dogs this mass was firmly adherent to the abdominal wall. In these four dogs it was noted at the time of operation that, immediately after the sodium sulfathiazole had been placed into the wound, the peritoneal cavity became filled with fluid. The wounds of these dogs were characterized by much serous discharge, and in two of the dogs, by marked necrosis and sloughing of tissues in the abdominal wall. At the end of eight weeks there was some resolution of the inflammatory mass, but there were still many adhesions.

* From the Laboratory of Experimental Surgery, Stanford University School of Medicine, San Francisco.

The amount of the drugs used was kept close to 0.5 grams per kilogram weight, of which approximately 75 per cent was placed in the peritoneal cavity, and 25 per cent into the incision. The blood levels of the drugs were determined 4, 16 and 24 hours after operation. Urinary excretion of the drugs was followed for four days in each case. Maximal blood concentrations were found four hours after operation in each case, the concentrations varying:

for sulfaniliamide, between 24.0 and 46.0 mgs. %.
for sulfathiazole, between 17.0 and 25.0 mgs. %.
for Na-sulfathiazole, between 19.0 and 42.5 mgs. %.

The maximum rate of urinary excretion was found within 48 hours of operation. Only minute amounts of the drugs were excreted after 48 hours; in the case of the sodium sulfathiazole dogs, the drug could be demonstrated in the urine in concentrations of 13.0 to 17.0 mgs. per cent two weeks after operation. Total urinary recovery of the drugs for the first four days varied between 20 and 47 per cent of the total doses used, with no specific trends exhibited by any one of the drugs.

The reason for the marked caustic reactions obtained with the sodium sulfathiazole is probably the high alkalinity of this drug, viz. pH approximately 10; sulfanilimide and sulfathiazole being nearer neutral, pH approximately 6.5, caused less or no reaction.

CONCLUSIONS

1. Sodium sulfathiazole should not be used intra-peritoneally or in wounds because of the marked local reactions due, it is presumed, to its high alkalinity.
2. No harmful local effects were noted from the use of sulfanilamide or sulfathiazole.
3. High blood levels are obtained from the intra-peritoneal use of the sulfonamides.

910 Medico-Dental Building.

REFERENCE

1. Gerbode, F., and Halford, F. J., Sclerosing or retractile mesenteritis; its treatment and that of adhesions with electrosurgical knife, Ann. Surg., 110:669-681 (Oct.), 1939.

EPILEPSY: A HAZARDOUS DISEASE

WILLIAM E. CARTER, M. D.
AND
RICHARD W. HARVEY, M. D.*
San Francisco

EXCLUDING acute infectious processes, perhaps no disease bears a greater hazard than does epilepsy. The nature of the attack of unconsciousness, coming as it does without warning in most cases, renders it particularly dangerous in industry, when the individual is entrusted with duties involving not only his own safety, but also that of fellow-workers. The increase in the ownership of automobiles has further complicated the problem. A large percentage of adults in this country have drivers' licenses, and epileptics are no exception. A startling number of them actually operate motor vehicles between attacks. Epileptics perjure themselves in making application for licenses, if they swear that they are not subject to episodes of unconsciousness. It is a well-known fact among physicians that epileptic patients often try to conceal the nature of their disorder because it stigmatizes them, or because it limits their employment. They deny, even to themselves, that they have the disease. Many of them say, "My illness is not epilepsy; it is stomach trouble." Others say, "My spells occur only at night; therefore they cannot be epilepsy." Occasionally a patient will say, "I am told I have fits; I do not know that I do." Almost all patients who drive cars will say, "I always feel better driving a car, and have never had a spell while at the wheel." It is not surprising, therefore, that many epileptic persons are issued drivers' licenses, because the examining officer has no way of knowing the condition of the applicants' health.

We are informed that the State Motor Vehicle Department has numerous records of accidents caused by drivers who lose consciousness during an attack of epilepsy. A recent occurrence on the San Francisco Bay Bridge is still fresh in the public mind and led to an editorial in the Journal of the American Medical Association. A salesman from Kansas City, driving his automobile across the bridge, had a convulsion while at the wheel. His car careened from side to side, and stopped only when it was crashed by a police car. Another case observed by an officer resulted in a collison which overturned an approaching car, and caused the death of its driver and serious injury of a passenger. The driver of the colliding car had sustained an epileptic fit.

EPILEPSY IS A REPORTABLE DISEASE

Recognizing the hazard involved in permitting epileptics to drive motor vehicles, and with the desire to aid the Motor Vehicle Department in its duties, the State Board of Health of California, in September, 1939, made epilepsy a reportable disease. Since that time 5,540 cases have been reported. On the basis of these reports numerous licenses have been revoked.

DEFINITIONS

The definition of the word "epilepsy" is confusing to physicians. Many convulsive states, of course, are not so regarded. The State Board of Health, however, has ruled that "episodes of unconsciousness" shall be construed as epilepsy. If a physician does not care to use the term "epilepsy," the Board permits him to report "episodes

* From University of California, the Division of Medicine, Department of Neurology, Medical School, San Francisco, California.

of unconsciousness," "lapses of consciousness," "convulsive state," or even "This patient states that he has episodes of unconsciousness." While, for the purposes of the administration of the law, sudden onset of loss of consciousness is essential, to the physician a transitory disturbance of the functions of the brain has a wider implication. It is his duty to determine whether or not the holder of a drivers' license is safe to be on the public streets and roads at the wheel of a motor car. Loss of consciousness which has a tendency to recur is the physician's guide in reporting epilepsy. This definition covers seizures caused by brain tumor, hemorrhage due to trauma, abnormalities such as porencephaly or hydrocephalus, circulatory disturbances such as Stokes-Adams syndrome, thrombosis, and carotid sinus stimulation. It covers attacks caused by convulsive drugs such as alcohol; it includes inflammations such as neurosyphilis and encephalitis; it encompasses alkalosis, hypoglycemia, and water retention.

In addition, there is a very large group of persons who suffer from so-called idiopathic epilepsy. However, as further studies are made, the belief is growing that convulsive states for which no local or general cause can be found are being increasingly limited. Epilepsy from all causes occurs in the United States in 500,000 cases (Lennox, 1937), a frequency comparable to that of tuberculosis and syphilis. The majority of persons so affected are not in hospitals (possibly only 10 per cent of all nervous and mental cases in hospitals are due to epilepsy); hence a very large number of epileptics throughout the country are subject to the hazards of driving.

The question of petit mal is one that must be considered in reviewing this problem. When a person is driving a motor vehicle forty, fifty or sixty miles an hour, a lapse of consciousness for a split second is all that is required to produce an accident. If the truth were known, it would seem likely that many accidents in which the driver is reported as having "fallen asleep at the wheel" are, in all probability, caused by petit mal.

Hypoglycemia, while infrequently a cause of convulsions and unconsciousness, must be considered. A case in point has recently been under consideration by the Motor Vehicle Department. Cases of carotid sinus stimulation have been reported. Convulsions due to alcoholism are not infrequent.

RELATION TO TRAFFIC REGULATIONS

A problem of ever-increasing frequency is the individual's aversion to surrendering his license because, besides being a necessity for earning a livelihood in many cases, it is also a badge of respectability, an identification card, and a convenience. However, this does not absolve the physician from his responsibility to report the case. In reporting all cases of epilepsy, whether grand mal or petit mal, or any equivalents, he can protect himself by saying to the patient that the law requires him to make a report to the State Board of Health. If then the patient becomes incensed and dismisses him as his physician, the doctor at least has the sense of having done his duty, and he knows that no one will be called upon to sacrifice life or limb because of his failure to act. When the physician is in doubt about the diagnosis of convulsive seizures, he may advise hospitalization of the patient for a period of observation, or he may request an electro-encephalogram, which in the hands of a competent technician may reveal dysrythmias characteristic of the disease. With a patient's coöperation, a physician need have little trouble with diagnosis.

IN CONCLUSION

Lastly, a problem of increasing concern to the Motor Vehicle Department and the patient's physician is the demand that a revoked license be restored. The patient will contend that since he has not suffered a spell for, say, a year, he is cured; and he requests his physician to make a statement to that effect. A cure in epilepsy is achieved only by the abolition of attacks through treatment until the epileptic habit is overcome. This means persistent administration of drugs such as phenobarbital, sodium diphenyl-hydantoinate (dilantin), or bromides for years after the attacks have ceased; even then it is doubtful if the disorder may be considered as cured. Because of this, a physician is hardly justified in requesting the restoration of a drivers' license, and the Motor Vehicle Department seldom errs in denying such request. Such cases might well be considered by medical referees who should be provided with the factual data and empowered to take such diagnostic measures as medical practice suggests.

Medical Center.

REFERENCES

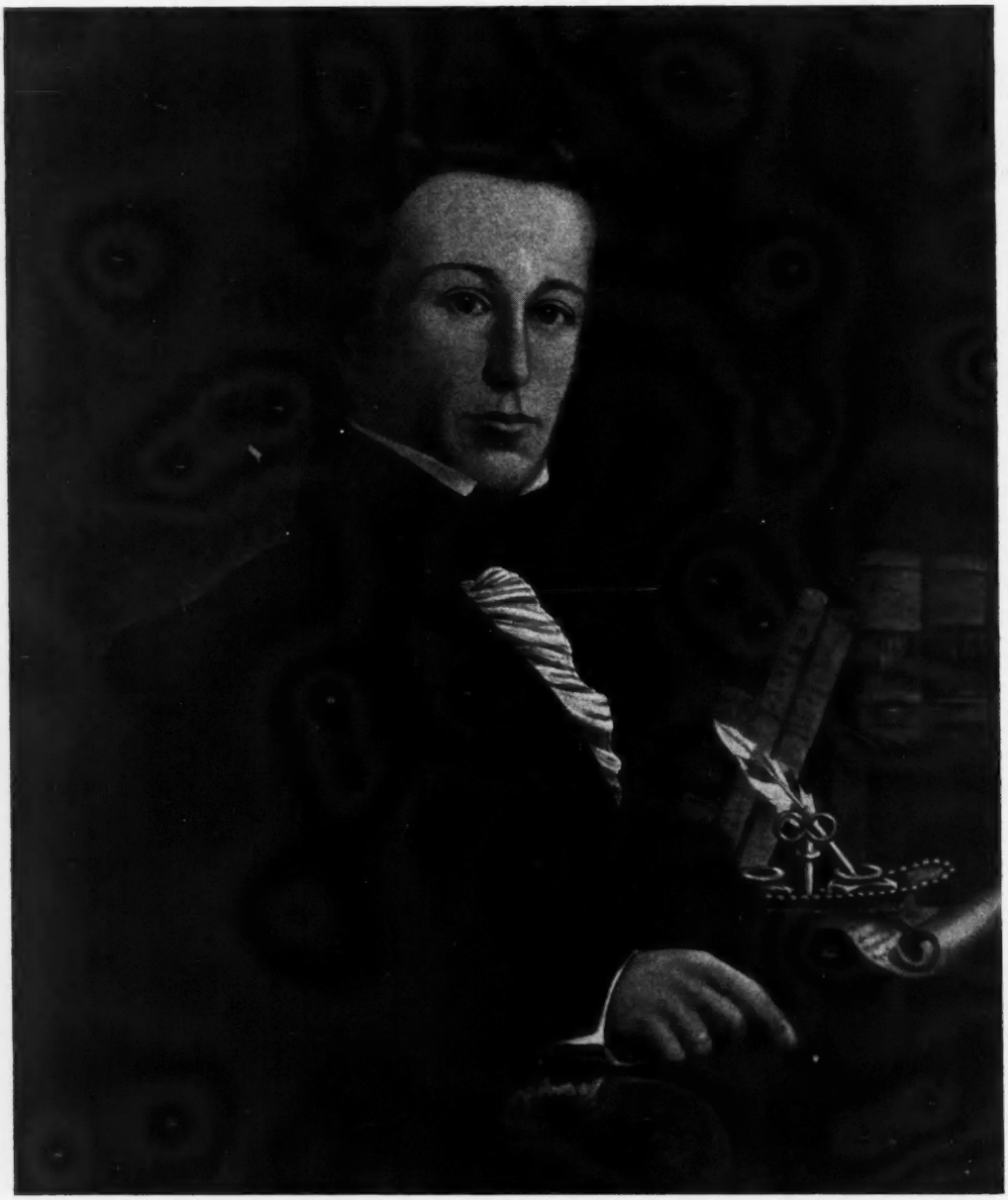
1. The Human Factor in Motor Vehicle Accidents: Physical or Mental Disabilities, J. A. M. A., 116:2402 (May 24), 1941.
2. California Laws, 1939, Chapter 186.
3. Lennox, L.: The Problem of Epilepsy, Epilepsia, 1:23, 1937.

MEDICAL EPONYM

Lugol's Solution

This was described by J. G. A. Lugol (1786-1851), physician at the Hospital Saint Louis, in "Mémoire sur l'emploi de l'iode dans les maladies scrofuleuses [A Note on the Use of Iodine in Scrofulous Diseases]," which was read before the Royal Academy of Sciences at the session of June 22, 1829, and published at Paris by J. B. Baillière in the same year. The following is a translation of sentences on pages 48 and 49:

"The method of preparation that I regard as most reliable is that of complete solution in distilled water . . . the amount of which vehicle I have established as one pound. I then dissolve one half a grain, two-thirds of a grain or one grain of iodine, to have three concentrations of this remedy at my disposaf. . . . Furthermore, I have sought to make this solution digestible by adding twelve grains of sodium chloride. . . . I have termed the three concentrations of this solution, *iodized mineral water* No. 1, No. 2 and No. 3."—R. W. B., in *New England Journal of Medicine.*



BENJAMIN FRANKLIN KEENE, M. D.
1809 - 1856
Founder of California Medical Association

BENJAMIN FRANKLIN KEENE*

FOUNDER OF THE CALIFORNIA MEDICAL ASSOCIATION

By LOUISE F. HAYS
Atlanta, Georgia

BENJAMIN FRANKLIN KEENE was born Sept. 1, 1809,[1] in Lynn, Mass., son of Josiah Keene and his wife, Avis Swift Keene. On his father's side, his geneology may be traced back directly to John and Martha Keene who came to New England in 1638; to Thomas Prence, Governor of Plymouth Colony, 1632-1673; to Reverend Stephen Batcheldor, who organized the first church in Lynn; to William Collier; Robert Barker; Reverend John Wing; and Reverend Henry Pratt and Jacob Dingley, early settlers of New England. On his mother's side, he was descended from Francis Cooke, who came over on the Mayflower; William Swift, Thomas Tilden, Thomas Bassett, and Thomas Hatch, early settlers of New England. His family were Quakers; his mother was a minister in the Quaker Meeting House in Lynn, and John G. Whittier, a distant cousin, spoke at her funeral. Both his father and mother are buried in the Churchyard of the old Quaker Meeting House, in the center of the present city of Lynn.

EARLY EDUCATION

Benjamin, their oldest child, was sent to the Friends School at Providence, Rhode Island, now Moses Brown College. He is on the register of that college from 1827 to 1828. Here he met Joel Branham, and in the summer of 1827 he went with him for vacation to his home at Eatonton, Georgia. While there, Joel's older brother, Dr. Henry Branham, (who was at that time President of the Central Medical Society of Georgia[2]), persuaded the boys to study medicine, offering to teach them and take them into his office. Benjamin returned to his school in Providence, and then went to Nantucket, Mass., and read medicine under his uncle, Dr. Paul Swift, who afterwards became President of Haverford College in Philadelphia. In 1830, Benjamin returned to Georgia to join the Branham doctors in Eatonton for practice as "Physician, Surgeon and Dentist." After a year in Eatonton, Dr. Keene realized that three doctors were too many for so small a place, so he moved eighteen miles south to Hillsboro, Jasper County, Georgia.

FAMILY HISTORY

He soon became infatuated with the beautiful Harriet Bell, daughter of Bailey Bell, and they were married May 12, 1831.[3] He then moved to Brownsville, near Forsyth, Georgia, where his two daughters, Lucinda Morris and Virginia, were born.

In December, 1832, while Dr. Keene and his family were on a visit to the family of Mrs. Keene's half-sister, Mrs. Rebecca King O'Daniel (whose family had lately removed to Talbot County), he was granted, on the presentation of a thesis on Cholera Infantum,[4] a "permanent license" to practice medicine in Georgia by the State Board of Physicians and Surgeons.

On account of his wife's failing health he returned to Hillsboro, where he remained until his removal to California in 1849. From old records, family tradition, and patients, it has been learned that he had a wide practice in Hillsboro. Miss Joe Varner, who lived perhaps twenty miles away in the adjoining county of Jones, remembered him as their "handsome family physician, when he came on horseback, wearing a bottle-green broadcloth suit, with his medicine in his saddle bags."

During these years he was called upon for "orations" at public gatherings, one of which he delivered at Kindernook, near Eatonton. Mr. Allen Lawrence told Medora Keene of Dr. Keene's eloquence, and said the dinner consisted of a chicken pie, containing a hundred chickens! According to Mrs. Turner, an historian of Putnam County, this pièce de résistance was used in that community on the occasion of public dinners on distinguished occasions. Another record found of his eloquent speaking is contained in a letter written by Dr. Keene, dated June 15, 1846, from Hillsboro to his daughter Lucinda, then a student at Wesleyan College in Macon, Georgia. He states: "I have been appointed to deliver an oration in Monticello on the 4th of July."

His wife lived only a short time after their return to Hillsboro, and in 1841, Dr. Keene was married to Ann Eliza Frances Reese, aged 15, daughter of Cuthbert Reese and his wife Tabitha Clark Reese, of Hillsboro.[5] The next year their daughter Medora Ann Keene was born, and the young mother died the following year, leaving Dr. Keene, aged 34, again a widower, with two sets of children. His wife's broken-hearted parents took the new baby, and he sent his two older daughters to his mother in Massachusetts. More accustomed to Southern ways, they remained only a short time, preferring to live with their grandfather Bailey Bell in Jasper County. His daughter, Lucinda Keene, married Gordon Sanford Bunkley, of Jones County, and Virginia married (1) Jones, and (2) Major William John Howard; and both families removed to Alabama where they have many descendants, including the late Mrs. T. D. Samford, of Opelika; Willard Wescott; the late William B. Howard; Adolphus Bunkley, of Montgomery; Mrs. R. P. Duke, of West Point, Miss., and many others.

His daughter Medora, married Major James D. Frederick, of Marshallville, Georgia, and was the mother of Jamie (Mrs. Oscar McKenzie) and Louise (Mrs. J. E. Hays) Frederick.

---

* This article is contributed by Mrs. J. E. Hays, a granddaughter of Benjamin Franklin Keene, who is now Director of the Department of Archives and History of the State of Georgia. The Committee on History of the California Medical Association expresses its deep appreciation for the generous services extended by Mrs. Hays, through whose aid the California Medical Association has become the owner of an oil portrait of the founder of the "Medical Society of the State of California" (former name of the California Medical Association).

For editorial reference, see page 283. In April issue, page 216.

Hoping to reunite his children, Dr. Keene married, Sept. 29, 1844,[6] an estimable widow of Jasper County, Mrs. Ann T. Price; but for some reason his plans did not work, and very little is known of this marriage.

MEXICAN WAR

He went to the Mexican War, family tradition says, as a surgeon, but the records of the War Department show: "Enlisted June 7, 1847 at Bonham, mustered in July 3, 1847 at Austin for 12 months. Private in Capt. Kimsey's Co. K, 1st Reg. (J. C. Hays) Texas Mounted Volunteers. Promoted Jan. 14, 1848, corporal, mustered out, with his Co. Apr. 30, 1848 at Vera Cruz, Camp Washington, Mexico." For services rendered, he received Grant of land No. 43,560 for 160 acres, corporal in Capt. Witts Co., Texas Cavalry on Jan. 12, 1849. This was sold by him to Elizabeth P. Rives, May 11, 1849.

JEFFERSON COLLEGE CONFERS M. D. DEGREE

According to family tradition, Dr. Keene and Dr. Branham went to Philadelphia "for lectures," and perhaps for advanced courses. The records of Jefferson Medical College, Philadelphia, show that the "degree of Doctor of Medicine was conferred on Benjamin F. Keene of Georgia in 1847." Perhaps he was absent in the Mexican War, and Dr. Henry Branham received his degree in 1845.

Dr. Keene was a member of the Board of Physicians and Surgeons of Georgia and his name is on the list of Board members Dec. 7, 1847, as is also his lifelong friend, Joel Branham.[7] His name is on the list of Board members present in December, 1848, and on Dec. 6, 1853, Dr. R. A. T. Ridley of Troup County, was "elected in place of Dr. Keene, removed to another State."

ARRIVAL IN CALIFORNIA

The roving spirit of Dr. Keene could not withstand Horace Greeley's advice, "Go West, young man," and the Gold Rush of 1849 appealed to his wanderlust. Over land he went to California and landed in Hangtown, now Placerville, where after a flare at mining, he settled down to his chosen profession of medicine and formed a partnership with Dr. Obid Harvey. This partnership seems to have been one of real estate, also, since the records are full of their deals in property, as it was in the boom days of speculation in real estate.

STATE SENATOR FROM EL DORADO COUNTY

At the same time the partners turned their attention to politics; Dr. Keene became Senator from Eldorado County in 1852, the third session of the California Senate, and was reëlected 1853-54 and 1855, over which body he presided as President pro tem, the sessions meeting in Vallejo, Benecia, and Sacramento. He was nominated in the Democratic Convention for Lieutenant-Governor, but the Democrats were defeated, and in 1856 he was nominated by the Democrats for State Treasurer. His death, however, occurred the day before the election.

Quoting from the *History of Eldorado County, California*, p. 22. "Hon. B. F. Keene, M.D., died of paralysis in Placerville on the 5th of September, 1856. Dr. Keene came here as a pioneer, to reside in El Dorado County at a time when society was yet quite unsettled, and the laws very little observed; by his own example and mental influence he helped to find the way out of this sordid and selfish interest towards the wholesome state of affairs that surrounds and distinguished a well-governed State. His talents and virtues were appreciated, and in 1851 he was called away from his active professional duties and important private enterprise by the vote, of rare unanimity, to fill the Office of Senator in the State Legislature. This was a place for a man to show his ability. The policy of our State government was not yet fixed, and the population filled with prejudice and jealously toward each other, caused by different habits of education and association. It was quite a hazardous experiment to frame and adopt a system of laws to suit all the different elements of this population; but the following prosperity of the people is the best evidence of the perfectness and superiority of the laws, as well as of the men who were working hard to show their patriotism.

"And Dr. Keene was one of the most intimate lawmakers of our statute book: he not only followed the work of the Legislature with ardent zeal, but he was a leader. Twice he was honored by his colleagues with the election to the presidency of the Senate, and his constituents, to express their pride and contentment with his representation, repeatedly sent him to the Senate for four years, and but a short time before his death he was honored with the nomination to the office of State Treasurer."

FOUNDER OF THE STATE MEDICAL ASSOCIATION

Perhaps his most notable achievement will live in his organization of the "Medical Society of the State of California,"* the first Medical Society on the Pacific Coast. Having served many years on the State Board of Physicians in Georgia, he saw the need of such a society in California and was well qualified to perfect such an organization.

TRIBUTE FROM DOCTOR TITUS

Dr. Titus, who was not only his friend in his profession, but was also a Brother Mason, read a tribute before the California Medical Society in March, 1857, a part of which follows, and shows the esteem in which he was held in California.

"By the general sense of the Society, it is with perfect propriety that the delegation from the County of El Dorado have taken the lead in the melancholy duty of proposing the measures suitable to be adopted as testimonials of the respect due, from this organization, to the memory of our

* Present name, "California Medical Association."

departed President; also as a member of the local Medical Society to which he belonged, and the medical profession which he so highly esteemed, I propose here, not without some hesitation to offer in my own behalf, and that of my colleagues, a few remarks *'in Memoriam'* of the gifted and highly lamented Hon. B. F. Keene, M. D., who departed this life on the 5th day of September, A. D. 1856, in early age, and the prime of manhood.

"Not a year has elapsed since he presided over this Society, with every impulse alive to give dignity, high position, to the first general meeting of this kind ever held on the Pacific shore. All who were present, will recollect with what energy, devotedness and bouyancy of spirit he entered into the great work of redeeming, sustaining and upholding our profession from and above the thraldom of empiricism in this, the most extreme State of the 'Great West.'

"To those who witnessed this earnest vivacity, constant attendance of and lively participation in every meeting that occurred at the formation of this Society, there is none but will concur with me in saying that no member graced this hall with apparently better prospects of again joining and presiding over our deliberations, than him whom we now mourn. Gifted by all the grace, dignity and suavity of manners that compose the true gentleman, there was no person in this Golden State naturally better adapted or more competent than he, to enact the duties which he was here called upon to perform. With all the devotedness and punctuality of his nature, he embarked in the great cause of uniting, enhancing and perpetuating every interest of science connected with or embraced in the study of medicine.

"An untiring student, he toiled early and late; often has he been seen burning his midnight taper to the 'wee sma' hours ayont the twall'; indefatigable in doing every thing well, which he was called upon to perform, he no doubt overtasked his mind to such an extent, that to it we may attribute the early loss of him we now so deeply deplore. In the observance of all the proprieties of life, Dr. Keene was a most noble and impressive example. He cultivated all the virtues, minor as well as the greater. Generous to a fault; wherever his presence could afford relief to the afflicted, or give aid to the needy, there he was to be found. To the cause of education, in every particular, he gave countenance and support; anxious to promote the interest of the schools and colleges in this land, he meritoriously attended every meeting for the advancement of so great an end."

EULOGY OF DOCTOR OBID HARVEY

Dr. Obid Harvey, his former partner, then read in praise of Dr. Keene, the following:

"As reference has been had, I cannot but say a word as a passing tribute to the memory of the late lamented Dr. Benjamin F. Keene, late President of this Association.

"It has been my fortune to have been intimately connected and associated with him from the earliest history of this country to the time of his death, and associated, too, in the practice of that noble profession which we are now representing. And I may add, that it has been the misfortune of many, as well as myself, to lose in him one of the noblest and dearest of friends. Dr. Keene came to this country from the State of Georgia, in the year 1849, and like most men, professional or otherwise, engaged in the pursuit of mining; but from his high professional attainments he soon succeeded to an enviable practice and reputation in the profession, which he has ever maintained.

"Some portion of his life has been connected with the political history of this country. During four years, he represented the county of Eldorado in the Senate of this State, and with that ability, honesty and fidelity known to but few, that, had his life been spared one day longer, he would again have been chosen to represent a confiding constituency in the councils of this State.

"A short time before his death he was foremost in issuing a call to form a Medical Society in the county in which he lived, of which he was an ardent and working member. His devotion to the sciences and application for useful knowledge had no bounds, and he was a model for any of us to imitate. His character as a man of honesty, integrity and morality, was beyond reproach. As a man of amiability and high social qualifications he scarcely had an equal. Friends he had many—enemies none. To know him was but to love and admire him. Not one year has passed away since Dr. Keene was chosen the presiding officer of this Association. The dignity and ability with which he presided over our deliberations; his amiability and courteous demeanor have endeared him to us all. He is now no more. Suddenly, and in the meridian of life, he has been called hence, and may we not hope to take a place in a better world. . . ."

BURIAL PLACE IN PLACERVILLE

Dr. Keene was buried with Masonic Honors in the Old City Cemetery, Sacramento Hill, Placerville, California. On the headstone marking his grave is carved a Masonic Emblem, followed by the words: "B. F. Keene, M.D., a native of Georgia and first President of the California's State Medical Society." When this grave was located in 1912 by his granddaughter, Louise Frederick Hays, the slab had fallen and was broken; but in 1923 the California Medical Association had the old slab embedded in concrete on top of the grave, and a new marker placed at the head.

DOCTOR KEENE'S REMARKS AT THE ORGANIZATION OF THE STATE MEDICAL ASSOCIATION

At the Organization Meeting of the California Medical Society, held in Sacramento, March 12, 1856, Dr. Keene was unanimously elected President, and, according to records, on taking the

chair, "Dr. Keene addressed the Convention, returning thanks for the distinguished favor extended him. He regarded the Convention as composed of the representatives of a profession which the necessities of our race have consecrated and set apart as the only finite power capable of removing the ills to which we are subjected—a profession leading the way in the amelioration of the race. Up to this period, he said, the profession in this State had been indebted to individual effort for all it had attained. He congratulated the Convention on the probable results of combined action now about being instituted, and advised the adoption of measures most calculated to secure the ends in view. In this movement they had the encouragement and support of all good citizens in the State. He then spoke of the mighty influences of causes which operate on the frame, presenting effects truly strange and astonishing, and particularly of the suddenness with which young men in California are visited with indications of old age, possibly through the occult causes in the atmosphere around us. He remarked also, in this connection, on the frequent unhealthy manifestations in the moral world, and asked if they could not be traced to physical causes. He had never before met with any body more earnest in a desire to coöperate in the advancement of the interests and the elevation of the tone of the medical profession. With other general remarks, the speaker concluded, eliciting marked expressions of commendation from the Convention."

SECOND SESSION OF THE CALIFORNIA MEDICAL ASSOCIATION, FEBRUARY 11, 1857

Dr. Keene died September 5, 1856, and the Second Session of the Medical Society of the State of California met on February 11, 1857, Dr. E. S. Cooper, Senior, vice-president, presiding. In an address, Dr. J. F. Montgomery, chairman of the Committee of Arrangements, said: "Acting upon the general impulse pervading other minds, you met in this hall a twelvemonth since, (and with you the pure and gallant spirit who was called to preside over your deliberations, and whose many virtues, he now being no more, it will devolve upon some others to portray), and established an epoch in the history of medicine in California by organizing this Society." And in his President's annual Address, Dr. Cooper said: "Although I detest superfluous verbiage, and particularly when it embraces apologies for shortcomings, still, in this case, I should state that it was not until a short time preceding the meeting of this Society, that I was reminded by the Corresponding Secretary of having to take the place of the lamented Dr. Keene, and to perform, in my very imperfect manner, the duties of a proud station, which, but for his death, might have been executed with so much dignity and satisfaction by him. In view of what was expected of Dr. Keene, in furnishing the President's Annual Address, considering his eloquence and brilliant talents, my present position is truly embarrassing."

It is interesting to note that Dr. Thomas M. Logan of Charleston, South Carolina traveled by steamship from New Orleans to San Francisco, in 1849, and located in the Placerville-Sacramento section. Dr. Logan also played an important part in the medical history of California, reëstablishing it in 1870.[8] There can be no doubt of the friendship between Dr. Keene and Dr. Logan. They were about the same age, both came to California in 1849, both located in Hangtown, and both remained in California the rest of their lives, Dr. Keene dying in 1856, and Dr. Logan in 1876.

When Dr. Keene organized the "Medical Society of the State of California" and was made its President, Dr. Logan was elected Corresponding Secretary. Dr. Keene appointed Dr. Logan Chairman of the Committee on the Medical Journal, which made him ex-officio Chairman of the Committee on Publications. In the minutes of the Medical Society, called, "Transactions of the California State Medical Society, 1856-1859," there is a "Report on Medical Topography, Meteorology, Endemics and Epidemics" by Thomas M. Logan, M.D., Chairman of the Committee, covering fifty pages, including many diagrams.

In 1870, Dr. Logan organized the California State Board of Health, and his portrait is a much prized possession of the California Department of Public Health, and hangs in their office in Sacramento.

A portrait of Dr. Keene is in possession of the estate of his great granddaughter, the late Louise Wescott Samford, in Opelika, Alabama. When the Governor of the State of California was told of the existence of this portrait, he asked that a copy be presented the State of California. This letter was followed by similar requests from the California State Board of Health, and the California State Medical Society. The California Medical Society has commissioned an artist to make a copy of the original portrait, which will be hung in their office in San Francisco.[9]

1516 Peachtree Street, N.W., Atlanta.

REFERENCES

1 Vital Statistics, Lynn, Mass.
2 *American Journal of Medical Sciences*, Vol. III, 1828.
3 Jones County Records.
4 Records of Board of Medical Examiners, Georgia Archives In Cherokee Land Lottery, 1838, Benj. F. Keene, 293d Jasper Co., drew lot 227, 15th Dist., 2nd Section.
5 Jasper County Records.
6 Jasper County Records.
7 Records, Board of Physicians, Georgia Archives, called *Minutes, Board Medical Examiners.*
8 See CALIFORNIA AND WESTERN MEDICINE, issue of October, 1937, on page 250.
9 The painting referred to was received at the 71st annual session of the California Medical Association, held at Del Monte, May 3-6, 1942, and elicited much comment. It now has a place of honor in the Central Office of the Association, at Four Fifty Sutter, San Francisco.
For other references to Benlamin F. Keene, M.D., and Thomas F. Logan, M.D., see CALIFORNIA AND WESTERN MEDICINE, in issue of January, 1940, on pages 2 and 6.—C.M.A. Committee on History, Morton R. Gibbons, Sr., Chairman.

To reduce the incidence of damage to the kidneys from treatment with sulfathiazole, Travis Winsor, M. D., and George E. Burch, M. D., New Orleans, advise in *The Journal of the American Medical Association* that, among other things, before the drug is administered "one must be sure that the patient has not already taken the drug without the knowledge of the doctor."

CALIFORNIA MEDICAL ASSOCIATION

This department contains official notices, reports of county society proceedings and other information having to do with the State Association and its component county societies. The copy for the department is submitted by the State Association Secretary, to whom communications for this department should be sent. Rosters of State Association officers and committees and of component county societies and affiliated organizations, are printed in the front advertising section on pages 2, 4 and 6.

CALIFORNIA MEDICAL ASSOCIATION†

HENRY S. ROGERS, M.D.....President
WILLIAM R. MOLONY, SR., M.D.....President-Elect
LOWELL S. GOIN, M.D.....Speaker
PHILIP K. GILMAN, M.D.....Council Chairman
GEORGE H. KRESS, M.D..Secretary-Treasurer and Editor
JOHN HUNTON.....Executive Secretary

† For complete roster of officers, see advertising pages 2, 4, and 6.

71st ANNUAL SESSION

Del Monte, May 3-6, 1942

Story of the Meeting, as Told in the Lay Press

Official minutes and other proceedings of the 71st annual session of the California Medical Association, held at Hotel Del Monte, Sunday, May 3-Wednesday, May 6 inclusive, will appear in the June issue of CALIFORNIA AND WESTERN MEDICINE. For the information of members of the Association who could not arrange their schedules to permit attendance, the press items which follow are given place in the current issue. Additional comment appears in the editorial section.

* * *

Physicians Hear War Medicine Progress

Del Monte, May 4.—Latest developments in the field of war medicine were related today to more than 1000 physicians and surgeons as the California Medical Association opened its annual three-day convention.

The convention, which ends Thursday, will consider, among other subjects, medicine's part in meeting the physical strains imposed on the human body by modern implements of war, use of the sulpha "miracle drugs," air-raid practice among school children, hallucinations and dreams, abdominal war wounds and infertility in males.

Principal address of the man versus machine study was to be made by Lieut. Col. David A. Myers, Army Medical Corps officer who has devoted nearly 20 years to the scientific study of aviation medicine. His subject is, "Can the Human Body Keep Pace With the Airplane?"

Officers Elected

The Western Association of Industrial Physicians elected Dr. Ben Frees, Los Angeles, president; Dr. Rutherford T. Johnstone, Los Angeles, secretary, and Dr. J. M. McCullough, Crockett, treasurer.

The California Heart Association, also meeting yesterday, elected Dr. Harold Rosenblum, San Francisco, member of the University of California Medical School faculty, as president. He has been Vice-President of the association for two years and active in its program for study and prevention of heart disease.

Recruiting of physicians for Army and Navy service, as well as for industrial and civilian defense, was the subject of addresses by Dr. Henry S. Rogers of Petaluma, president of the California Medical Association, and Dr. Harold A. Fletcher of San Francisco.

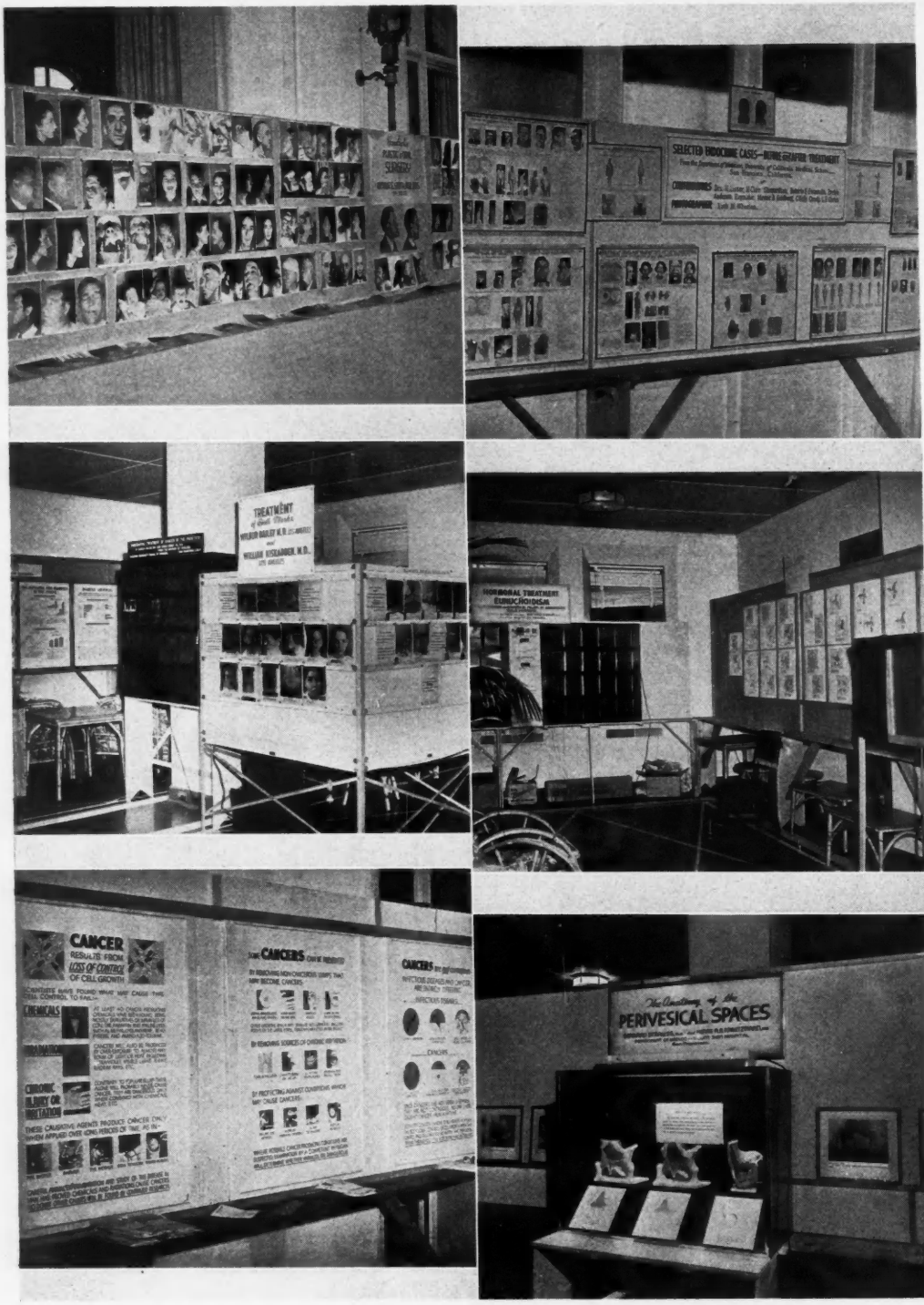
The association anticipates that within another 12 months one-third of the state's physicians and surgeons will be in the armed services.

The medical problem created by "mushrooming" war industries in California was discussed in two addresses at sessions yesterday preceding opening of the convention. Elections of specialty groups also were held.

Dr. Harold T. Castberg of the U. S. Public Health Service at Berkeley told the Western Association of Industrial Physicians and Surgeons the war industries boom has presented a critical need for increaed use of preventive medicine and nursing service, particularly in small plants.

He said the mass movement from agriculture to industry has outdistanced health services in the state's small industries, a problem demanding immediate solution, because of the increasing use of small plants in subcontracting. . . .

Dr. Robert T. Legge of Berkeley, president of the Western Association of Industrial Physicians and Surgeons, said 90 per cent of existing small plants are without adequate industrial medical facilities.



Photographs of Some of the Displays in the Scientific Exhibit Division, Del Monte, May 3-6, 1942

PRIZES FOR SCIENTIFIC EXHIBITS

The secret committee appointed to make the awards for scientific exhibits reported as follows:

1. First Prize (Fifty Dollars and Engrosed Certificate of Award), for best Surgical Exhibit was awarded to James R. Dillon, M. D., San Francico, for exhibit on *"Conervative Treatment of Cancer of the Prostate."*

2. Honorable Mention (Engrossed Certificate) was awarded to Bernard Strauss, M. D., San Francisco, and Henry Kreutzman, M. D., for exhibit, *"Anatomy of the Perivesical Spaces."*

3. First Prize (Fifty Dollars and Engrossed Certificate of Award) for best Medical Exhibit was awarded to Samuel Ayres, Jr., M. D., Los Angeles, and Nelson Paul Anderson, M. D., Los Angele, for exhibit, *"Dermatoses Common Under War Conditions."*

4. Honorable Mention (Engrossed Certificate) was awarded to G. R. Biskind, M. D., San Francisco, and Bernard Strauss, M. D., San Francisco, for exhibit, *"Hormonal Treatment of Eunuchoidism."*

Dr. Howard F. West, Los Angeles retiring president of the California Heart Association, said that public realization that heart diseases is in many cases a result and not a cause would lead to "a 50 per cent reduction in heart disease invalidism." . . .

In addition to the general meetings today and the remaining two days, there will be sectional meetings of 12 medical specialty groups, displays of the latest scientific methods of combating disease and injury, and exhibits of new medicines, apparatus and techniques.

Also on display is an Army field hospital unit. Methods of handling casualties in the field will be demonstrated by Army physicians.—San Francisco *News*, May 4.

* * *

Progress in War on Cancer Seen

Del Monte, May 3.—With intelligent public understanding and coöperation, deaths from cancer and invalidism from heart disease can be reduced in the United States by one-half.

Delegate to the seventy-first annual convention of the California Medical Association, assembling for opening sessions tomorrow, heard those assertions today from eminent specialists in the medical profession.

They were made during pre-convention meetings of three therapeutic groups—the California Heart Association, the California Cancer Commission, and the Western Association of Industrial Physicians and Surgeons. . . .

Coöperation Urged

Declaring that heart disease "is in many cases a result and not a cause," Dr. Howard F. West, Los Angeles, retiring president of the Heart Association, told listeners that public realization of this fact and coöperation with the medical profession in prevention would make possible "a 50 per cent reduction in heart disease invalidism."

Early diagnosis and periodic physical checkups are prerequisites to medical science's battle against heart disease, he said. . . .

Dr. West's listing of obesity as a contributing cause of heart disease was underscored by a San Francisco specialist who was elected to succeed him as president—Dr. Harold Rosenblum, member of the teaching staff of the University of California Medical School and director of the Harold Brunn Institute of Cardiovascular Research at Mount Zion Hospital.

Assailing "indulgence at the table," Dr. Rosenblum bluntly said that "if you're past forty, fat, and get heart disease, it may be weight, not fate."

Sulfa Remedy

On another front, delegates were told that from science's new family of sulfa drugs may come a cure for an almost always fatal form of heart disease, subacute bacterial endocarditis—in lay terms, a bacterial infection of the lining of the heart.

Dr. Wallace M. Yater, head of the department of medicine at Georgetown University, Washington, D. C., said that experiments offer hope that if "the vegetative growth can be broken up—a problem now under attack—sulfadiazin or other of the sulfa drugs will be able to dissolve the germs."

Diagnosis Key

Delegates attending the Cancer Commission meeting heard Dr. Otto H. Pflueger, its secretary, say that "early diagnosis is the key to reduction of cancer incidence."

Declaring that lip and skin cancer, if detected early, is almost 100 per cent curable, and breast cancer 75 per cent curable, Doctor Pflueger stated, "yet 150,000 persons die annually in the United States from cancer, about half of them needlessly." He added that diagnostic advances have made possible an effective offensive against the disease "when and if the public is fully educated to the necessity of periodic examination." He warned against "diet and hoax cures."

The convention proper will get under way tomorrow morning, with major attention devoted to war medicine and war wounds. Among speakers will be Dr. Harold Fletcher, former president of the San Francisco County Medical Society.

Sessions will conclude Wednesday, when the retiring president, Dr. Henry S. Rogers, Petaluma, yields his gavel to his successor, Dr. William R. Molony, Los Angeles.—San Francisco *Examiner*, May 4.

* * *

Air Afflictions Interest Doctors

Del Monte, May 4.—California's men of medicine reported great strides here today in conquering the wounds of the ground soldiers, but confessed that medical science cannot keep up with the needs of the sky fighter.

At the seventy-first annual convention of the California Medical Association, here today, the doctors gave emphasis to 1942's medical problems on the firing line, in the sky and on the civilian front.

Out of scores of papers came these developments:

(1): Discovery by Army doctors at Fort Ord of an apparently new type of pneumonia which defies the usually dependent types of treatment—serum and the new sulfonamide drugs.

(2): A Navy report that one of war's majors killers—the delay that elapses before the man wounded at the front can be given hospital treatment—has to a considerable extent been overcome by the sulfonamides carried by combat troops and taken orally.

(3): A report that abdominal wounds are three times as frequent as in World War I, but that rapid transportation of wounded and other new factors have reduced fatalities.

(4): An assertion by Lieut. Col. David A. Myers, one of the Army's foremost authorities on aviation medicine, that the aviation engineer has outstripped the aviation doctor, and that a vast amount of research remains to be done on "flyer's belly," aeroembolism, flight fatigue and other combat flying afflictions.

(5): A warning that school children face serious psychiatric disturbances unless there is sufficient educational preparation for air raid practice, and unless parents guard against careleess war talk.

New Disease Reported

Emphasizing the military importance of the convention was appearance at the sessions in uniform of scores of Army and Navy doctors.

Reporting on the new type of pneumonia found at Fort Ord, Capts. R. E. White and W. J. Mitchell of the Medical Corps said a study of 170 cases indicated it is "apparently a new disease, the cause of which is unknown."

Known types of pneumonia are traced to bacteria. The Army doctors said evidence indicates that the new type is caused by a filterable virus. Some of the illnesses were quite serious, but no deaths were reported.

Sulfa Drugs Used

Lieut. Cmdr. T. E. Reynolds, U.S.N.R., reported that the military services have made it standard practice to treat the war wounded with the new sulfa drugs as quickly as possible, before the wounded are removed to field hospitals. Faster still, he pointed out, some of the drugs can be carried by the fighting soldier and taken orally when wounded.

As a result of the new practices, he said, "the dreaded period of delay before definite treatment can be rendered has lost the deadly significance it had in other wars."

Plane Ambulances

Reporting on wartime abdominal wounds, Dr. Edmund Butler, San Francisco surgeon and member of the Stanford University Medical Faculty, told another section:

"Rapid transportation of the injured and the proximity of well equipped operating units to the region of disaster mean that more of the serious abdominal injuries reach the hospitals. During World War I, far more of those with abdominal inluries died in the field."

He predicted that the plane ambulance will cut fatalities from such injuries still more.

Dr. Lloyd B. Dickey, associate professor of pediatrics at Stanford, warned that morbid wartime discussions should be taboo at all times in the presence of children.

Warns of Tragedy

"School and recreational facilities for the child should not be curtailed, and even in times of all-out production the child's home life, his anchor to reality, should be as little disturbed as possible," he said.

"Never before in the world's history have children been cared for so well. It would still be a tragedy to win a military victory and find our children's standard of health lower than when we were attacked."

Colonel Myers, former chief surgeon of the United States Army and veteran of twenty-five years in aviation medicine, said engineers are building planes that will travel 500 miles an hour and climb to 50,000 feet.

"Aviation medicine has not yet arrived at definite conclusions as to what 'major overhaul' it is necessary to accomplish in human beings in order that they may operate and accompany with safety and comfort these speeding demons," he said. . . . —San Francisco *Examiner*, May 5.

California Physicians' Service

Del Monte, May 4.—Pleas for a united front against Government encroachment upon private medical practice were made by California Medical Association leaders here today.

The pleas came in advance of an expected fight on the California Physicians' Service, a statewide health insurance system which the Association set up several years ago in answer to a trend toward socialized medicine. . . .

Dr. Ray Lyman Wilbur, Stanford University chancellor, urged support for the service and warned that the Government may make "more and more" inroads upon private medical practice. Dr. Henry S. Rogers, of Petaluma, association president, called attention to the recent Federal Social Security Board report recommending payroll deductions for hospitalization.—San Francisco *Examiner,* May 5.

* * *

New Hope Given on Heart Ailments

Del Monte, May 5.—Medical science has pulled off successfully another of those spectacular recircuitings in the human body that holds out new hope for many middle aged sufferers from heart disease.

Described at the California Medical Association convention today by Dr. Wallace M. Yater, professor of medicine at Georgetown University, Washington, D. C., it is a new and delicate operation in which the surgeon grafts a chest or abdominal muscle to the heart.

Blood vessels in the grafted muscle then take over the function of hardening arteries, which nourish the big heart muscle. It is the hardening of these arteries—and consequent failure of the blood supply to the heart muscle—which causes many thousands of the deaths catalogued under the broad heading of heart disease. . . .

Medical problems created by war continued to occupy most of the doctors.

Capt. Maurice D. Sachs, Army Medical Corps, Camp Callan, declared that there is "a definite increase" in flu accompanying the mass movements of troops and added:

"The Army is doing its utmost to isolate these cases so as to prevent further spread to the civilian personnel."

Maj. M. J. Rigdon, Army Medical Corps, Fort Ord, related that military doctors are entering upon wide use of sodium pentothal, a barbituric acid derivative, as an anesthetic in field hospitals close to the front. It is easily administered, he said.

Dr. J. H. Woolsey of Woodland reported that war wounds from bullets are becoming fewer in comparison to wounds from shell fragments and secondary objects such as masonry, glass and timbers scattered by bomb explosions. Though such wounds cause a wider area of tissue injury, the new use of the sulfa drugs is reducing wound infections, he said.

Doctor Yater also related a new technique for diagnosis of diseases of the liver and spleen. Since neither organ shows up under the x-ray, diagnosis in the past has been difficult. The new diagnostic method is accomplished by injection into the blood stream of a thorium dioxide solution which concentrates in the spleen and liver. It makes them opaque and thus visible on the x-ray plate.

Use of the technique has brought about successful diagnosis of cirrhosis of the liver, abscess and cancer.—San Francisco *Examiner,* May 6.

* * *

War Developments in Medical Science Described at Del Monte

Del Monte, May 6.—Revolutionary developments in medical science, with special emphasis on treatment of combatants and civilians in wartime, were described today at closing sessions of the 71st annual California Medical Association convention.

The convention closes tonight with a final meeting of the House of Delegates for discussion of next year's association policy.

Today's papers dealt with chest injuries, traumatic shock, hemorrhage and burns.

The convention's 1500 delegates yesterday heard papers telling of a new heart operation that holds out new hope for middle-aged heart disease sufferers and the muscular implantation of sex hormones which effected dramatic physical and psychological changes in young men.

Dr. Wallace M. Yater, professor of medicine at Georgetown University, said the new heart operation will be especially beneficial to sufferers between the ages of 40 and 60.

He described the process by which the surgeon grafts a chest or abdominal muscle to the heart, enabling the blood vessels in the grafted muscle to take over the functions of hardening arteries which nourish the big heart muscle. . . .

Major B. Biskind of the Army Medical Corps and Dr. J. Kasanin of San Francisco reported on testesterone, the name of the new specific hormone used in the treatment which effected changes in young men.

Patients found their muscles became more firm, their voices deeper and more resonant and they gained in weight and strength, they reported.

Increased use of the two new sulfa drugs was told by Dr. Lowell A. Rantz of San Francisco, who said that one of the "miracle drugs"—sulfadiazine—was remarkably effective in the treatment of pneumonia, meningitis and gonorrheal infections. The other new sulfa is sulfathiazole.

He discouraged use of the widely publicized sulfanilamide and sulfapyridine because of their high toxic and anemia effects.

Nutrition was stated by Dr. Dwight L. Wilbur of San Francisco as presenting potentially more to medicine than has been offered by any other branch of medicine. He urged physicians to think more in terms of health than treatment of disease.—San Francisco *News,* May 6.

* * *

Sister Kenny of Australia Has Made Real Contribution to Medicine, Physicians Told

Military Medicine Discussed

Del Monte, May 6.—(AP).—The unorthodox method of Sister Kenny, Australian nurse, in treating muscles affected by infantile paralysis has added something highly practical to the regular medical procedures used in those cases, Dr. Wallace Cole, professor of surgery at the University of Minnesota Medical School, reported today to the California Medical Association in session here. . . .

Discussion of war injuries ranged from treatment of damage to the skin caused by blistering war gases, Lewisite and mustard, presented by Dr. F. A. Torrey, San Francisco, to a detailed lecture by Dr. Frank S. Dolley, Los Angeles, on diagnosis and surgical treatment of chest injuries. Dr. Dolley illustrated his lecture with a motion picture in Technicolor of procedures.

Injuries in the present war are caused by shell fragments rather than by bullets as in past wars, reported Dr. J. H. Woolsey of Woodland. Shattered buildings, masonry, glass and timbers have played an important part in injuries in World War II.

Sulfonamides Used

The use of sulfonamides at Pearl Harbor and Dunkirk to kill infection have played an important role in saving lives from these injuries, Dr. Woolsey said.

Col. H. H. Towler of Ft. Ord explained that the job of the medical service in the infantry division, which goes into the front lines with combatant units, is to render essential treatment on the field and evacuate the wounded as quickly as possible.

Wounded are taken first to stations set up immediately back of the line where doctors dress, treat and apply splints to casualties. From there they are moved to collecting stations for more elaborate treatment and redressing of wounds, and then to division hospital stations capable of caring for 250 cases.

Use of sodium pentothal, a barbituric acid derivative, as an anesthetic for certain war surgery in field hospitals close to the front was urged by Maj. J. M. Rigdon of Ft. Ord. This relatively new anesthetic has been widely used in civil practice but has never been used in a major war.

It is administered intravenously easily, the patient goes under the anesthetic quietly and awakens promptly, necessary equipment is compact and easily carried, and there is no danger from explosive gases, all of which make it suitable for surgical use on war fronts.

Birth Energy Gauged

The energy used in childbirth labor is approximately equal to that exerted by a 120-pound individual in climbing to the top of a building 165 feet high, Dr. John J. Sampson, Dr. E. M. Rose and Dr. R. Quinn of San Francisco reported.

The physicians told how they estimated this by measuring the oxygen consumption of the mothers.

In 42 maternity cases they determined the amount of oxygen consumed at various stages of labor under various circumstances. The amount of oxygen used by the patients immediately after delivery also was measured in an effort to estimate the capacity of the circulatory system to make up for the oxygen deficit which accumulated during labor.—Los Angeles *Times,* May 7.

Strides in Fight Against Infantile Paralysis Told

Del Monte, May 6.—One of the great debates of modern medicine has been decided in favor of Australian nurse Elizabeth Kenny—and the consequence may be that the infantile paralysis cripple will disappear from the American scene in ten years.

Thus confidently did Dr. Wallace H. Cole, professor of surgery at the University of Minnesota, relate to the California Medical Association today the result of two years research by American doctors on an infantile paralysis treatment developed by trial and error in the bush of Australia.

Methods Supported

Not only have University of Minnesota doctors been won over to the Kenny treatment, but some who scoffed the loudest when the middle aged nurse was brought to Minneapolis two years ago now are the most enthusiastic supporters of her methods, and doctors from all over the Nation now go to Minneapolis to study it, Doctor Cole declared.

He predicted its universal acceptance within ten years, and said that deformities from poliomyelitis will disappear after it is generally adopted.

Scientific Session

This is a medical advance in which all Americans share, for the Australian nurse was brought to the United States by the National Foundation for Infantile Paralysis with money collected in dimes from the American public.

Doctor Cole brought his report on the Kenny investigation to the final scientific session of the California association's convention here.

Sister Kenny is a graduate nurse who was sent by the Australian government twenty-five years ago into the wilds where there were no doctors. There, over a period of many years, she developed what came to be known as the Kenny Treatment for Infantile Paralysis sufferers. . . .

Early Treatment

The first step in the Kenny method is to begin treatment as soon as possible after the infection is discovered. The later the treatment is begun, the less the chance of saving paralyzed or spastic muscles.

Treatment is begun right in the contagion ward, with hot packs kept on the affected muscles for twelve hours a day to keep them relaxed. The patient is placed on a hard bed as nearly upright as possible, with a board at the foot of the bed for him to push against.

As soon as the pain of the active stage of infection goes, there is begun what Doctor Cole described as "muscle re-education—the development of a mental awareness of the muscles that must be put to work."

Patient Taught

From that point on, the treatment is a painstaking job of helping the patient to help himself by teaching him how and where the spastic muscles work, and helping him use related muscles which, though not affected by the disease, fall into disuse. "It's about 70 per cent nursing," said Doctor Cole.

Doctor Cole emphasized that it is much more than mere exercising of the muscles, however. It is a technique so precise at the point where applied that graduate nurses must study it for six months to master it.

Though there may be some residual paralysis, the Kenny treatment brings about from 80 to 90 per cent recovery of the affected muscles. And it prevents entirely the familiar deformities of twisted spines and useless legs.

Test Sought

Doctor Cole said his university attempted to run what doctors call a "control" test—treat simultaneously a series of cases by the Kenny method and a series of cases by earlier methods of splint rests, exercises and massages, thus making a comparison of results possible.

But the control test could not be run because all of the sufferers and their families at Minneapolis insisted upon use of the Kenny method.

The Kenny treatment is as yet in its infancy in California, though a few California doctors have studied it at Minneapolis.

It is, it must be remembered, a treatment to restore to normalcy the person ravaged by the disease. Before medical science is still the unsolved task of preventing polio.—San Francisco *Examiner*, May 7.

* * *

California Medical Association Elects Officers

Del Monte, May 6.—Dr. Karl L. Schaupp, former president of the San Francisco County Medical Society, was named president-elect of the California Medical Association today at concluding meetings of the house of delegates to the seventy-first annual convention of the association.

Dr. Schaupp is a former chairman of the association's council.

Naming of Dr. Schaupp followed the installation of Dr. William R. Molony, Sr., of Los Angeles, as president of the State organization, succeeding Dr. Henry S. Rogers of Petaluma.

Dr. Lowell S. Goin and Dr. Vincent Askey, both of Los Angeles, were re-elected to the offices of speaker and vice speaker of the house of delegates, respectively.

District councilors re-elected were Dr. Donald Cass, Los Angeles; Dr. R. Stanley Kneeshaw, San Jose; Dr. Frank A. McDonald, Sacramento.

Councilors-at-large also were re-elected without opposition. They are Dr. Edwin L. Bruck, San Francisco, and Dr. Sam J. McClendon, San Diego.

Dr. Edward N. Ewer, Oakland; Dr. Edward M. Pallette, Los Angeles; Dr. Robert A. Peers, Colfax, and Dr. William R. Molony, Sr., all were re-elected delegates to the American Medical Association's convention next month at Atlantic City.—San Francisco *Chronicle*, May 7.

* * *

California Medical Association Asks State Commission to Raise Fees for All Service

Del Monte, May 7.—(AP).—The California Medical Association today made Dr. Karl L. Schaupp of San Francisco its president-elect and called on the State Industrial Accident Commission to raise the fees for medical service.

Dr. Schaupp will succeed Dr. William R. Molony of Los Angeles, the incumbent president, at next year's convention.

Other Officers

Other new officers are Dr. Lowell S. Goin and Dr. E. Vincent Askey, both of Los Angeles, speaker and vice-speaker, respectively, of the association's house of delegates, and Dr. Dwight L. Wilbur of San Francisco, delegate to the American Medical Association.

Dr. P. K. Gilman of Los Angeles was retained as council chairman, George H. Kress of San Francisco as secretary-editor, and John Hunton, San Francisco, as executive secretary. Likewise re-elected were all district councilors and councilors-at-large.

Ask More Money

The convention's resolution regarding accident commission fees proposed a 50 per cent increase for hospital, office and home visits and a 25 per cent increase for all other types of service. . . . —Los Angeles *Times*, May 8.

ENTERTAINMENT HAND BILL

President's Dinner

Concensus of opinion concerning the entertainment features, inaugurated at this year's annual session, and made possible through a special appropriation by the C. M. A. Council, was most favorable. On every side could be heard words of praise for the program that had been prepared by Doctor Junius B. Harris of Sacramento, John W. Green of Vallejo, and their fellow committeemen, and which was put across with vim, vigor and éclat. A perusal of the text of the 40 inch-long hand bill, illustrated with portrait of Retiring President Henry S. Rogers—in whose honor the entertainment was tendered—and other presumably pertinent drawings, will permit those who were not present, to sense somewhat the happy atmosphere in which the excellent program was rendered.

Text of the hand bill follows:

Special Announcement
By Arrangement With the
Council of the California Medical Association
The Ninth Councilor District
! ! — Presents — ! !
For One Night Only
at the
Hotel Del Monte
May 5, 1942
One Continuous First Class Performance
Under the General Chairmanship of
John W. (Vallejo Pete) Green

In collaboration with and under the personal direction of
Dwight (Murph) Murray

* * *

Master of Ceremonies—
Junius Brutus (Emcee Red) Harris
(By arrangement with the Eighth Councilor District)
In the Bali Room
!! at 7 o'clock p.m. Sharp !!
—Do Not Miss This—

* * *

Hear — and — See
Lloyd Kindall's World Famous
California Rhythm Doctors
in a Melange of Old and New Melodies
—and—
at 8 o'clock p. m.
in the Main Dining Room
The 9th District Features
A Mastodonic Performance of the
Most Superior Beauty and Quality
! ! ! STARTLING — STUPENDOUS ! ! !
Henri Shefoff, World Famous Baritone
Bobby Glenn in "Getting Together"
The One and Only Medical
BOB HOPE
and many other Great Artists
assisted by
KINDALL'S "ALL DOCTORS ORCHESTRA"
Presentation of Notables
(Positively no mistakes will be rectified after leaving the Box Office)
—and—
at 9 O'CLOCK P.M.
Buddy Maleville's Mendocino Orchestra
and these
CRASH HITS

* * *

ARMAND GIRARD
A Napa Interne — He's Institutional!
MARGARITA and PAQUITA
The Marin Marvels
JACKSON and BLACKWELL
The Sinuous Sonoma Swayers
Those Extraordinary Plenipotentiaries
From the State of Jefferson
The
4 Vagabonds 4
(All Pre-Meds)
with
SWEDE LARSEN!
and
Solano Jack Seltenrich
The Master of the Keys

* * *

Personal Appearance
The Management guarantees that at some time during the performance
President HENRY S. (Chick) ROGERS
will positively make a stage appearance
IN PERSON

* * *

(Any discourtesy on the part of employees should not be reported to the management)
The Entire Action Takes Place at the
HOTEL DEL MONTE
This attraction will not play any other city in California—or elsewhere.
The Management respectfully requests physicians not to leave their seat numbers or any other means of identification anywhere, as they will not be called under any conditions.
The Management will esteem it a favor if patrons will remain seated until final fall of the curtain.

CREDITS

Sound Effects.....Victor W. Hart, Emdee
Scenic Effects.....Harry O. Hund, Emdee
Costumes.....Carl W. Clark, Emdee
Coiffures.....Robert B. Smalley, Emdee

FOR THE NINTH COUNCILOR DISTRICT

General Chairman: John W. Green, Emdee
Director: Dwight Murray, Emdee
Master of Ceremonies: Junius Brutus Harris, Emdee
Musical Director: Lloyd Kindall, Emdee
Production Adviser: Raymond Babcock, Emdee
Consul from State of Jefferson: Joseph S. Wolford, Emdee
Assistant Director: Walter Brignoli, Emdee
Secretary to General Chairman: Allen McGrath, Emdee
Public Relations Manager: F. Burton Jones, Emdee
Electrician: H. R. Madeley, Emdee
Publicity Director: Ream Leachman, Emdee
Advance Agent: Rudolph B. Toller, Emdee
Technical Advisor: Carroll B. Andrews, Emdee
Properties: Charles Craig, Emdee
Executive Secretary: Royal Scudder, Emdee
House Physician: Fred O. Butler, M. D.

California Medical Association Golf Tournament.

All was not earnest application to scientific dissertations at the recent annual session at Hotel Del Monte as witness the score sheet of the visiting physicians and ladies who took part in the informal golf tournament of Tuesday, May 5th. Ratings of those who registered, follow.

* * *

I. MEN

Name	*City*	*Gross*	*Hndcp.*	*Net*
Fletcher Hall,	Santa Monica	79	16	63
J. B. Homadka,	Santa Monica	78	12	66
D. R. Powell,	Stockton	87	19	68
G. E. Judd,	Los Angeles	85	17	68
Paul McMaster,	Los Angeles	85	17	68
H. D. Nenfeld,	Concord	80	12	68
C. A. Broaddus,	Stockton	89	20	69
Edwin Cobb,	Los Angeles	83	14	69
Roderic O'Connor,	Oakland	80	11	69
Harry Roth,	Long Beach	80	10	70
W. E. Hart,	Oakland	91	21	70
George Johnson,	San Francisco	85	15	70
L. R. Chandler,	Menlo	86	16	70
Ray Sands,	Santa Monica	96	26	70
R. B. Raney		88	17	71
Harry Hensler,	San Anselmo	85	14	71
A. A. Blatherwick,	Los Angeles	91	19	72
R. Gustafson,	Pasadena	82	10	72
Karl Von Hagen,	Los Angeles	97	25	72
M. Marks,	Long Beach	91	18	73
J. C. Sharp,	Salinas	90	17	73
N. D. Morgan,	San Francisco	97	24	73
James Doyle,	Beverly Hills	98	25	73
W. H. Moore,	Bakersfield	83	10	73
Ed Dewey,	Pasadena	90	16	74
G. J. Torell,	Los Angeles	93	19	74
S. H. Welch,	Glendale	93	19	74
J. N. Nichols,	Los Angeles	91	17	74
H. M. Weber,	Corona	92	18	74
Harry Wilson,	Los Angeles	87	13	74
Leland Taylor,	Oakland	91	17	74
Lloyd Kindall,	Oakland	93	19	74
L. B. Blanchard,	San Jose	102	28	74
J. W. Robertson,	Livermore	90	16	74
L. L. Heston,	Stockton	95	20	75
Charles L. Ianne,	San Jose	101	26	75
W. C. Bolck,	Los Angeles	98	23	75
C. T. Hayden,	San Francisco	95	19	76
G. R. Dunlevy,	Los Angeles	93	17	76
Joe Boomer,	Richmond	89	13	76
Dan Brodorsky,	San Jose	101	24	77
Thomas Buckley,	Oakland	96	19	77
D. R. Threlfall,	San Jose	94	16	78
W. H. MacDonald,	Bakersfield	97	18	78
Edward Ewer,	Oakland	95	17	78
J. Ginsburg,	Los Angeles	97	19	78
L. Barnard,	Oakland	99	20	79
E. J. Schmidt,	Fresno	91	12	79
B. Burke,	Los Angeles	98	19	79
G. K. Dunklee,	San Luis Obispo	97	16	79
Carl H. Parker,	Pasadena	94	14	80

C. H. Sheldon, Pasadena	88	8	80
W. R. Crane, Los Angeles	96	16	80
C. M. Burchfiel, San Jose	94	14	80
L. Felger, Los Angeles	100	20	80
S. R. Parkinson, Marysville	98	18	80
W. H. Olds, Los Angeles	98	18	80
E. C. Rosenaw, Pasadena	97	17	80
Fred Clark, Long Beach	97	16	81
D. R. MacCall, Los Angeles	102	21	81
D. McNeil, Sacramento	105	24	81
Earl Hyman, Los Angeles	97	16	81
C. D. Collins, Fresno	97	16	81
Carl Winermitz, San Francisco	103	22	81
F. D. Shanley, Oakland	100	19	81
J. S. Rafter, Richmond	101	20	81
C. J. Moloney, Los Angeles	96	14	82
Walter C. Adams, Oakland	101	19	82
R. T. Uhls, Long Beach	99	17	82
Leo Madsen, Los Angeles	106	24	82
Eugene L. Christensen, Los Angeles	107	24	83
W. R. Maloney, Los Angeles	105	22	83
H. G. Bell, San Francisco	99	16	83
D. I. Aller, Fresno	101	18	83
C. E. Hunt, Oakland	103	23	83
I. J. Hopkins, Mt. View	97	13	84
H. R. Lusignan, Monterey	98	14	84
H. D. Loe, Oakland	108	24	84
S. A. Quinby, Fresno	97	12	85
O. D. McCartney, Glendale	104	18	86
Peter Blong, Los Angeles	119	24	95

* * *

II. LADIES

18 HOLE MEDAL PLAY, DEL MONTE, MAY 4, 1942

Name	*City*	*Gross*	*Hndcp.*	*Net*
Mrs. E. C. Rosenow, Jr.,	Pasadena	102	25	77
Mrs. Harry Roth,	Long Beach	103	26	77
Mrs. D. R. Threlfall,	San Jose	90	9	81
Mrs. Leonard Barnard,	Oakland	94	9	85
Mrs. Alvin Foord,	Pasadena	107	21	86
Mrs. R. S. Kneeshaw,	San Jose	112	26	86
Mrs. L. R. Chandler,	San Francisco	97	10	87
Mrs. L. A. Packard,	Bakersfield	103	16	87
Mrs. C. M. Burchfiel,	San Jose	109	22	87
Mrs. E. J. Schmidt,	Fresno	111	22	89
Mrs. H. N. Hensler,	Marin	105	15	90
Mrs. D. A. Crew,	San Luis Obispo	114	24	90
Mrs. F. L. R. Burks,	Fresno	117	26	91
Mrs. R. O. Griess,	Salinas	128	35	93
Miss M. Shephard,	San Jose	117	24	93
Mrs. W. H. Farr,	Salinas	124	30	94
Mrs. Hunter Shelden,	Pasadena	126	30	96
Mrs. L. Blanchard,	San Jose	132	22	110
Mrs. M. J. Monty,	San Jose	148	35	113
Mrs. F. W. Bawmann,	San Jose	179	22	157

MEDICAL EPONYM

Neisser's Diplococcus

Albert Neisser (1855-1916), when he was an assistant in the dermatologic clinic at the University of Breslau, published his paper, "Über eine der Gonorrhoe eigenthümliche Micrococcusform [A Form of Micrococcus Peculiar to Gonorrhea]" in the *Centralblatt für die medicinischen Wissenschaften* (17:497-500, 1879). A portion of the translation follows:

"If gonorrheal pus is spread as thinly as possible on a glass slide after Koch's method, allowed to dry and stained by simply flooding with an aqueous solution of methyl violet, and dried again, examination of the preparation under high power with the light cut down as little as possible will show at first glance, in addition to the dark violet-blue and variously shaped nuclei of the pus cells (the protoplasm of which is also stained, but only faintly), a number of more or less abundant clumps of micrococci. These have a quite characteristic and promptly recognizable typical form. . . . Nearly always two micrococci are seen lying close together—so closely that they give the impression of a single organism which is roll-shaped or biscuit-shaped, resembling a figure eight."—R. W. B., in *New England Journal of Medicine.*

CALIFORNIA COMMITTEE ON MEDICAL PREPAREDNESS†

PROCUREMENT AND ASSIGNMENT SERVICE

Special Notice

The Army needs doctors. In fact, the Army needs 16,000 qualified medical officers before the end of 1942.

This is the problem put to the Procurement and Assignment Service by the Surgeon General of the Army.

Plans have now been worked out between the Surgeon General, the Adjutant General and the Procurement and Assignment Service under which the medical officer recruiting plan will be greatly speeded up, to the advantage of the Army and the physician alike.

In brief, the Army is establishing recruiting stations for medical officers in each state, with two such stations in California, one in Los Angeles and one in San Francisco. Each recruiting station will have as its personnel an Army medical officer, an Army materiel officer representing the Adjutant General, and necessary clerical help. Physicians who wish to enlist as medical officers will be able to be interviewed, qualified, commissioned and sworn in as Army medical officers within a period of not more than five days.

This system will obviate the former waiting period of 90 days or more, during which time the physician applying for a commission was uncertain about closing his office, transferring his practice or making other plans. In some instances the applicant physician has made plans to dispose of equipment, etc., and has then learned that his application for an Army commission has been declined.

The new method amounts to a decentralization of the Surgeon General's office and a streamlining of the entire commissioning procedure. Under it a physician will learn the answer to his application within a few days; he will be given a period of 14 days after acceptance of his application, in which time he will be able to arrange his personal affairs.

Commissions to be granted will be at the rank of first lieutenant for applicants below the age of 37 years and captain for applicants from 37 to 45 years of age. Higher ranks will be granted on approval from the Surgeon General's office in cases where the applicant is a certified specialist or has other qualifications which would tend to make him available for more advanced responsibilities. In cases where commissions above that of captain are to be considered or granted, the commissioning process will require a longer period of time.

Under certain conditions, commissions will be granted to applicants up to the age of 55 years. The recruiting officer will give you full details on this subject.

For full information on the new commissioning procedure, consult the members of the Procurement and Assignment Service committee in your county, or address inquiries direct to Doctor Harold A. Fletcher, California State Chairman for Physicians, Procurement and Assignment Service, Room 2004, 450 Sutter Street, San Francisco. Applicants for Army commissions should notify Doctor Fletcher of their filing of applications, so that their names may be cleared for commissioning.

† Harold A. Fletcher, M. D., 490 Post Street, San Francisco, is the chairman of the California Committee on Medical Preparedness. Henry S. Rogers, M. D., room 1938, 450 Sutter, San Francisco, is a member of the American Medical Association Committee on Medical Preparedness. Roster of county chairmen on Medical Preparedness appeared in CALIFORNIA AND WESTERN MEDICINE, August, 1940, on page 86.

Under tentative arrangements, the new Army medical recruiting offices will be located at 1930 Wilshire Blvd., Los Angeles, and at 450 Sutter St., San Francisco. It is possible these locations may be changed; in such event, consult your county committee on Procurement and Assignment Service for new locations of such offices.

Adoption of the new recruiting setup for the Army does not change in any way the recruiting of medical officers by the Navy or the Army Air Corps. Applications for commissions as medical officers in the Navy may be made direct with Capt. P. K. Gilman, MC, USNR, at 1095 Market Street, San Francisco, or at any Navy recruiting station.

For commissions as medical officers in the Army Air Corps, make application direct to The Surgeon, Fourth Air Force, 180 New Montgomery St., San Francisco, or to the Fair Force stations at March Field (Riverside), Hamilton Field (San Rafael), or Hammer Field (Fresno). Commissions as medical officers in the Army Air Corps require about three weeks for issuance, following which a notice of 15 days is allowed the physician for arranging his personal affairs.

Procurement and Assignment Service under the new arrangement remains as a voluntary service, operated by and for doctors of medicine, dentistry and veterinary medicine. All physicians will find themselves in the hands of their own colleagues in arranging for military service. The point must be repeated here that if the voluntary nature of the service does not succeed, an involuntary plan will be worked out.

The Army needs you. Now.

Postcards Concerning Procurement and Assignment Service

Because of their suggestive value, the text of two reply postcards is given below: the first from Doctor Harold A. Fletcher of San Francisco, and the second from Doctor Robert A. Peers, of Colfax:

I.

Dear Doctor:

You have probably already received your questionnaire from the Procurement and Assignment Service. If not, retain this post card until the questionnaire arrives. Fill in the questionnaire correctly *and return it at once.*

1. *For your own protection:* Physicians under 45 may be drafted in non-professional capacity as privates if not enrolled with Procurement and Assignment Service.

2. *For the protection of your chosen profession:* If the profession responds voluntarily, it can control the situation. If not, legislation may be introduced to make service compulsory.

3. *For the protection of your country:* Adequate medical service is needed to help WIN THE WAR.

In stating preferences, if you prefer civil practice at home, do not hesitate to say so.

Please fill in and return reply card attached.

HAROLD A. FLETCHER, M. D.,
State Chairman, Procurement and Assignment Service for Physicians.

* * *

Procurement and Assignment Service For Physicians,
2180 Washington Street,
San Francisco, California.

I have this day completed my enrollment and questionnaire for the Procurement and Assignment Service and mailed it to the National Roster of Scientific and Specialized Personnel at Washington, D. C..... ☐

I have received no such questionnaire..... ☐

Signed .....

Address .....

Date.....

II.

Colfax, California,
May 11, 1942.

Dear Doctor:

The Placer-Nevada-Sierra County Medical Society, and the California Medical Association officers, are exceedingly anxious that every Doctor, Dentist, and Veterinarian fill out and return the Questionnaire recently sent them by the Assignment and Procurement Board. Will you please fill in, sign and return immediately, answers to the questions printed on the accompanying postcard. You can thus help in the total war effort. Let us make our Society 100 per cent responsive to the appeal for information. It is patriotic and also in your own best interest.

Yours until Victory,
ROBERT A. PEERS, M. D., *Sec'y-Treas.*

* * *

Dr. Robert A. Peers,
Colfax, California.

Dear Secretary Peers:

1. I have (have not) received my questionnaire mentioned on other postcard.

2. I have (have not) filled in and returned my questionnaire.

3. I promise to fill in and return questionnaire (if not already done).

(Signed).....

Please mark out those words not applying to your particular case. R. A. P.

Blood Collections for Army and Navy

With 30,477 blood donations being reported for the first two weeks in March by Red Cross chapters maintaining donor centers, the program for supplying blood plasma to the armed forces entered its second year of operation with an excellent start. Inaugurated in February, 1941, at the request of the Surgeons General of the Army and Navy, this project has expended as rapidly as laboratory facilities to process plasma have become available. Donor centers are now operating in 18 cities.

Shortly after beginning of the project the Red Cross was requested to deliver 215,000 units of plasma by July, 1942. Following Pearl Harbor this figure was upped by 165,000 units, bringing the total number to be delivered by July, 1942, to 380,000. For the year beginning July 1, 1942, the Army and Navy have requested the Red Cross to obtain an additional 550,000 units, making a minimum total of 930,000 units. To provide this total will require somewhat in excess of 1,000,000 donors, it is estimated.

According to a report covering the first year of operation issued by Dr. G. Canby Robinson, national director of the Red Cross Blood Donor Service, by the end of November, 1941, the Red Cross blood donor centers then participating in the program had collected and delivered to processing laboratories a total of 27,352 donations. Then came Pearl Harbor and the opening of additional donor centers. Immediately after, enrollment of donors jumped by leaps and bounds. Whereas in the ten prior months 27,000 blood donations had been given, the number of donations during December was 18,396! . . . However, the present rate of donations will have to be maintained without let-up, and may even have to be increased further, as there is the probability that additional amounts will be requested by the Army and Navy.

Red Cross blood donor centers are now in operation in the following cities: New York, Philadelphia, Baltimore, Buffalo, Rochester, N. Y., Indianapolis, Detroit, Pittsburgh, St. Louis, Boston, Milwaukee, Cleveland,

Chicago, San Francisco, Los Angeles, Cincinnati, Washington, D. C., and Brooklyn. The last-named center began operations in mid-March.

According to the report seven commercial laboratories have contracts with the government for processing plasma on a cost basis. The total number of donations during the first year of operations aggregated 82,857, of which 55,505 were made in the nine weeks of December and January.

The value of blood plasma in the treatment of burns and wounds and in combating shock was amply demonstrated at Pearl Harbor. Surgeons on duty there during the attack and in the days following, state in no uncertain terms that many lives were saved due to the use of plasma supplied to the armed forces by the local medical society, the American Red Cross and other agencies.

Government's Blood and Plasma Bank Program

(COPY)

OFFICE OF CIVILIAN DEFENSE
Washington, D. C.

May 1, 1942.

To: *Editors of Medical, Hospital and Related Journals*

From: *George Baehr, Chief Medical Officer, Office Civilian Defense*

We are attaching supplementary information with reference to the Blood and Plasma Bank Program of the Medical Division of the Office of Civilian Defense, a preliminary announcement of which was sent to you on March 19, 1942.

The attached regulations include directions for making applications for grants.

It is hoped that you can publish this announcement and these regulations in the next issue of your journal.

Attachments.

* * *

To Editors of Medical, Hospital and Related Journals:

Regulations for the administration of the Blood and Plasma Bank Program of the Medical Division of the United States Office of Civilian Defense have now been prescribed, and funds are available for grants to assist approved hospitals in establishing blood and plasma banks. Only hospitals within 300 miles of the Atlantic, Pacific or Gulf coasts are eligible for such grants. After July 1, 1942, these geographical restrictions may be modified, so that grants may be made to inland hospitals. Applications should be addressed to the Chief Medical Officer, United States Office of Civilian Defense, Washington, D. C.

Technical manuals on blood and plasma banks, prepared by the Subcommittee on Blood Substitutes of the Division of Medical Sciences, National Research Council are now available for distribution on request of any hospital to the Chief Medical Officer, Office of Civilian Defense.

The Red Cross has established eighteen donor centers in various parts of the country which are successful in obtaining an adequate supply of blood donors for military purposes. Blood for the production of dried plasma for Civilian Defense purposes will also be obtained from these sources.

Hospitals which establish their own blood and plasma banks with the financial assistance of the Office of Civilian Defense are advised to build up their reserves of blood and plasma by expanding blood collection from relatives and friends of patients who are to receive transfusions. A public campaign for volunteer donors which may compete with the work of the Red Cross should be avoided if possible. If public solicitation is necessary, hospitals should appeal to the local chapters of the American Red Cross for assistance in recruiting hospital donors. Blood donor campaigns by agencies other than the Red Cross will tend to confuse the public and may interfere with the blood collection by the Red Cross for the armed forces.

* * *

REGULATIONS GOVERNING GRANTS TO HOSPITALS FOR ESTABLISHING RESERVES OF BLOOD PLASMA

WHEREAS: on April 11, 1942, there was allotted from the "Emergency Fund for the President" to the United States Public Health Service the amount of $292,500, "to be expended by said Public Health Service in connection with emergencies affecting the national security and defense for procuring and establishing either independently or, subject to regulations to be promulgated by the Surgeon General, by grants to public and private hospitals located not more than 300 miles from ocean or Gulf Coast, reserves of liquid, frozen or dry blood plasma or serum albumin for the treatment of casualties resulting from enemy action," the following regulations are promulgated to govern the administration of this allotment:

SECTION I. ELIGIBILITY FOR GRANTS

Preference shall be given to hospitals serving communities whose geographical location implies a likelihood of civilian casualties from enemy action, and which are inadequately equipped to handle such casualties.

To be eligible for a grant a public or private hospital located not more than 300 miles from ocean or Gulf Coast* shall:

(1) Have a capacity of not less than 200 beds, exclusive of bassinets, provided that two or more smaller hospitals totaling 200 beds may submit a cooperative project designating one of the participating hospitals as the grantee;

(2) Be on the approved list of the American College of Surgeons and the Hospital Register of the American Medical Association;

(3) Have on the professional staff a physician whose qualifications are the equivalent of those required by the American Board of Pathology for its diplomates.

SECTION II. APPROVAL OF PLANS

A grant shall cover a period of not more than twelve months following the approval of the plan, or not beyond June 30, 1943, and may be used only for the purchase of equipment necessary for the preparation of liquid or frozen plasma, reconditioning or minor alterations of existing quarters, necessary travel and subsistence allowance of $6.00 per diem to cover a training period, if required, of not more than one week, for the physician directing the blood plasma project, and temporary salaries of personnel necessary for the establishment of a blood and plasma project.

The maximum grant for one hospital is $2,000.

A hospital desiring to receive a grant shall submit a plan to the Chief Medical Officer, Office of Civilian Defense, who is authorized to receive such plans on behalf of the Surgeon General of the United States Public Health Service. . . .

SECTION III. CONDITIONS OF GRANTS

(1) The hospital shall agree to build up a plasma reserve of at least one unit per bed within three months after delivery of the necessary equipment. A unit of plasma is that amount derived from 500 cc. of citrated whole blood, consisiting of about 250 cc. of liquid plasma;

(2) The agreed amount of plasma reserve shall be maintained for use without charge and only for treatment of casualties caused by enemy action. The reserve shall be releaed for use in other local hospitals for this purpose on order of the local Chief Emergency Medical Service and for transfer within the state on order of the State Chief of Emergency Medical Service, or transfer from one state to another on the order of the Regional Medical Officer, Office of Civilian Defense;

(3) Liquid plasma shall be kept from being outdated by replacement of older by newer plasma. Replaced units may be utilized for current needs of the hospital in the treatment of its regular patients, provided the plasma reserve shall not be allowed to fall below the stated minimum;

(4) All plasma shall be prepared in accordance with manuals of the Office of Civilian Defense prepared by the Subcommittee on Blood Substitutes of the National Research Council;

(5) The hospital shall agree to continue the plasma

project for its current needs after the expiration of the Federal Grant and to maintain for the duration of the war the minimum stated reserve; thereafter the reserve may be used by the hospital without restriction;

(6) A record shall be kept of all blood donors, including their blood types, to expedite obtaining donors for emergencies;

(7) No funds made available under the grant shall be used for the payment of blood donors;

(8) Any blood plasma project under this program shall be subject to inspection by authorized representatives of the Surgeon General of the Public Health Service.

SECTION IV. METHOD OF PAYMENT

Payments will be made on a reimbursement basis for expenditures made in accordance with the approved budget. Applications for reimbursement shall be notarized and addressed to the Chief Medical Officer, Office of Civilian Defense. . . .

Subject: Shortage of Medical Corps Officers

(COPY)

In Reply Refer to S.G.O. 210.1-1 (9th Corps Area) AA

WAR DEPARTMENT

Office of the Surgeon General

Washington

March 31, 1942.

To: *The Surgeon, Ninth Corps Area, Fort Douglas, Utah.*

1. A number of Corps Area Surgeons have indicated that they could aid in securing well qualified medical officers.

2. In order to expedite the procurement of medical officers, it is directed that as many physicians as possible be contacted, and completed forms, as follows, be forwarded directly to this office:

(a) W.D.A.G.O. Form 170, in duplicate.
(b) W.D.A.G.O. Form 178, in duplicate.
(c) W.D.A.G.O. Form 178-2, in duplicate.
(d) Final type physical examination.
(e) Statement of applicant as to whether a registrant and, if so, a statement from his local board (form inclosed as a guide).

3. This office will clear the applicant through the Procurement and Assignment Agency.

4. It is realized that shortages exist in all Corps Areas and an attempt will be made to assign as many of these men to the Corps Area of origin as possible. However, it should be borne in mind that there is an acute shortage in troop units as well.

5. Applications may be forwarded from individuals who have enrolled with the Procurement and Assignment Agency, provided they have not sent in their blank forms.

6. These instructions apply to applicants for the Medical Corps only.

By order of the Surgeon General:

(Signed) JOHN A. ROGERS,
Colonel, Medical Corps,
Executive Officer.

Incl.

* * *

1st Ind.

Headquarters, Ninth Corps Area, Office of the Surgeon, Fort Douglas, Utah

April 7, 1942.

To: *The Surgeon, all posts, camps and stations (including exempted) Ninth Corps Area.*

1. That the provisions of the basic letter may be fully complied with, it is requested that you designate a carefully selected medical officer to contact as many civilian physicians of military age as possible who reside in communities near your station.

2. It is to be noted that the forms are to be forwarded directly to the Surgeon General. If an insufficient number of these forms is on hand they can be obtained by requisition on this headquarters.

(Signed) H. R. BEERY,
Colonel, Medical Corps Surgeon.

Subject: Procurement of Medical Corps Officers for Duty with the Army Air Forces

(COPY)

WAR DEPARTMENT

Headquarters of the Army Air Forces

Washington

Office of the Air Surgeon,
April 2, 1942.

To: *The Surgeon.*

1. The shortage of Medical Corps officers for duty with the Army Air Forces has become acute. Repeated efforts to forestall this present situation by procuring additional officers in adequate numbers in the prescribed manner and from those agencies charged with the procurement of such officers has failed to alleviate or correct the deficiency. This office has, therefore, undertaken the task of processing the applications for the appointment of physicians as officers in the Medical Corps, Army of the United States. Publicity through the *American Medical Association Journal*, press releases, etc. has been started to interest physicians in applying for such commissions.

2. The only pool from which Medical Corps officers for duty with the Army Air Forces can be drawn upon is the one of potential Medical Corps officers existing in civil life. It is believed that there is a very large number of civilian physicians who could be interested in securing a commission and coming to actve duty if they were assured that they could and would serve with the Army Air Forces. This assurance can now be given to all of those whose applications are processed and receive final approval by this office. Physicians who are interested are being asked to write to the Air Surgeon, Headquarters of the Army Air Forces, Washington, D. C., from which office they will be contacted and furnished with the necessary information, instructions, and application blanks.

3. Since the procurement objective is 2,200 Medical Corps officers between April 1, and July 1, 1942, and 500 per month for the remainder of the calendar year, it is obvious that if the project is to succeed, widespread coöperation in this effort must be given by all Medical Corps officers now serving with the Army Air Forces.

4. Many desirable physicians could be obtained immediately if they were personally contacted by a Medical Corps officer now serving with the Army Air Forces and assisted in making out the application blanks. For the good of all concerned, every surgeon is requested to lend his full coöperation to this project and to do the following in connection therewith:

a. Give this project as wide-spread publicity as is possible.

b. Furnish this office with the names of all *desirable* prospects.

c. Personally contact all desirable prospective applicants and assist them in accomplishing the necessary forms, arranging for them to receive the "final-type" physical examination and mailing all forms and reports (including the report of physical examination) *direct to this office.*

5. Sets of application packets (such as those which are inclosed) are now being mailed to prospective applicants. The inclosed packets are for local use. Additional packets will be furnished on request.

By command of Lieut. General Arnold:

(Signed) W. F. HALL,
Lt. Colonel, M.C.,
Asst. Air Surgeon.

Incl: (5 sets of applicant packets)
Reproduced Hqs., WCAFTC, Santa Ana, California, 10 April, 1942.

WC 210.1 x 000.7 1st Ind. A-rjw
HEADQUARTERS, WEST COAST AIR FORCE TRAINING CENTER, 1104 West 8th Street, Santa Ana, California, 10 April, 1942.
To: *Commanding Officers, All Stations, This Training Center.*

1. For your information and compliance.

2. It is directed that the Surgeon of each station be given every assistance in this procurement program.

By order of Colonel Walton:

WM. L. TYDINGS,
Colonel A.G.D.,
Adjutant General.

2 Copies Each Staff Section and
Each Division, AGO.

TO THE HESITATING DOCTORS*

Although your practice is immense
And yields a golden recompense,
The Call of Duty summons all
To heed at once, their Country's call.

If riches you accumulate
But let your army service wait,
The Nazis soon will take it all
And put you in the servant's hall.

If you continue to delay
Your entrance in this bloody fray,
Some day a Jap will shoot you down
And rape your wife and burn your town.

Wake up! there is no other plan
But join the Army, like a man,
The slacker's name is hard to bear,
While uniforms are nice to wear.

C.B.P.

Medical Men Told Need of Armed Forces

"By the time the Army goal of 8,000,000 men, set by President Roosevelt, is reached, almost all of the country's 62,000 physicians under 45 years of age will be needed to provide adequate medical service for the armed forces."

Dr. Harold S. Diehl of Minneapolis, Minn., a member of the directing board of Procurement and Assignment Service—a civilian activity operating as a Government agency—so informed a meeting of Southern California physicians and surgeons at the Biltmore yesterday.

Dr. Diehl's address was part of a panel which includes topnotch Army, Navy and civil life medical men, touring the large cities of the nation under American College of Surgeons auspices to tell doctors how they can best serve the war effort.

Thousands Needed

Dr. Diehl announced that 2500 physicians are wanted for the Air Corps by July 1 and thereafter 600 additional doctors every month for the balance of the year.

To meet these requirements and those of the rest of the Army, Navy, Marine Corps and other Government branches, 16,000 doctors will be required by December 31, the speaker said.

Dr. Diehl pointed out that execution of a plan to provide maximum protection both for the armed services and the civilian population has been assumed by the medical profession itself.

"If we do the job," he stated, "the Government is willing to let us do it. If we fail, the medical profession must bear the blame, and another way will be found.

"Judging from the whole-hearted response, I am confident we will not fail."

Outlines Plan

He outlined the present plan as follows:

All members of the medical profession, and also dentists and veterinarians, will be asked to register with the Procurement and Assignment Service.

Registrants will then be classified as available or non-available for military service, the service acting in an advisory capacity but with the regular draft board having final jurisdiction.

Those assigned to military duty will be commissioned, those under 37 years of age generally as first lieutenants, and those between 37 and 45 as captains.

Nonregistrants, Dr. Diehl pointed out, will be subject to regular induction by draft boards, usually, he said, as privates.

Objective Told

The objective of the procurement assignment service is to provide adequate military personnel "but always with a view of not depriving communities of medical service, as was frequently done in the last war."

He indicated that the good of the community will be placed ahead of the physicians' personal status in making the selections.

"The general viewpoint of the service is to consider every doctor available for military service unless it can be definitely shown that he is essential to civilian needs," Dr. Diehl said, adding:

"This is especially true with respect to those under 45 and subject to the draft."—Los Angeles *Examiner*, April 19.

Doctors Are Needed on Home Front, Too

A plea that the home front be as well protected by doctors and nurses as the fighting fronts was made yesterday by Dr. Ray Lyman Wilbur, president of Stanford University.

Speaking before the California Conference of Social Work during a community organization section at the Civic Auditorium, Dr. Wilbur emphasized the necessity of striking a balance in distribution of medical skill.

"During the first World War Great Britain made the mistake of taking too many doctors from the home front," he said. "That should be a guide for us now. The absence of the proper proportion of doctors to care for the civilians at home is bound to have a very serious effect on civilian morale."

Dr. Wilbur urged that draft boards use more care in classifying men for the various services and "must be on the alert to seek out those who are mentally and physically equipped to carry on at home as physicians and surgeons."

Medical Training

During the same session Dr. A. J. J. Rourke, chairman of the hospital committee of the Emergency Medical Service, American Red Cross, declared that hospital capacities must be increased in anticipation of possible disaster here.

* These verses were in the envelope received on April 30th from the Ninth Corps Area headquarters, Fort Douglas, Utah, with the following long hand notation in upper left corner: "Worth publishing on the front page of CALIFORNIA AND WESTERN MEDICINE."

Excluding Government hospitals, he said, there are now some 5286 hospital beds available for civilian use in San Francisco. This present capacity, he continued, could be increased by 1931 beds, now considered obsolete equipment. In addition, he said, 2041 beds are now on order, bringing the city's maximum potential hospital capacity to 9000.

S. F. Will Be Center

After outlining what steps already have been taken for protection of local hospitals, Dr. Rourke stressed the need for more volunteer hospital workers. . . . —San Francisco *Chronicle*, April 24.

Blood Banks

The medical division of the U. S. Office of Civilian Defense will provide technical and financial assistance to California hospitals for the establishment of blood banks whose supplies and facilities will be used for the treatment of civilian casualties caused by enemy action, James C. Sheppart of the ninth regional office announced today. Dr. John Alsevar and Dr. Leonard Schelle will arrive in San Francisco Wednesday to begin preparations to equip 23 hospitals in the combat areas of the coastal states with local stores of blood plasma.—San Francisco *News*, April 25.

New Method for Immediate Recruitment of Medical Officers

For information concerning "New Method for Immediate Recruitment of Medical Officers," physicians who are interested should refer to Jour. A. M. A., May 2, 1942, on page 33, and for editorial comment to page 30, in same issue.

Medical Men Allocated

The task of allocating each medical man to the place where he can contribute most to winning the war—whether in the military establishments, other Government service, industry or civilian life—is being started during this first week of April.

Every physician, veterinarian and dentist in the United States—a total of some 270,000 persons—will receive a questionnaire from the Procurement and Assignment Service at Washington.

Details of the procedure were described by Lieut. Col. Sam F. Seeley, executive officer of the service, in an address before the Medical Society of the County of New York.

The P. and A. Service, as it is rapidly becoming known, was set up by order of President Roosevelt to be the central agency through which medical men find their places in the war. It is designed to prevent competition for expert personnel between the various branches of the military and to see that no community is left without adequate medical service.

In the first World War there were a number of critical situations due to the fact that certain communities were left with inadequate expert medical personnel. The intention is to see that this does not happen again.

To the credit of the American Medical Association, its members foresaw the trend of events as early as 1940. The A. M. A. was holding its annual convention in New York the week that France fell. Committees were immediately appointed, and a telegram was sent to President Roosevelt offering the services of the medical profession in the national emergency.

Soon the A. M. A. and the American Dental Association began, at their own expense, to create registers of their members for war service, assembling on punch cards the necessary data as to their availability for military duty.

Colonel Seeley praised the Associations for this public-spirited activity, pointing out that it is doing much to speed up the work of the P. and A. Service.

But he emphasized the necessity for every medical man to return his questionnaire in April, regardless of whether he is already listed in the A. M. A. and A. D. A. files.

Hereafter, Colonel Seeley explained, no branch of the military or the Government will commission or engage a medical man without clearing the matter through the P. and A. Service.

The Navy, he said, will need 3000 doctors when its enlistments reach 500,000. The Army must obtain an additional 16,000 physicians by Dec. 1.

The Army Air Force, he added, had already requested the P. and A. Service to furnish it with 2500 medical officers by July 1 and to provide an additional 600 a month for the rest of the year.

Of these medical officers for the Air Force, 80 per cent must be under 36 years of age, the other 20 per cent between 36 and 45 if they are recognized specialists, particularly in traumatic surgery, ophthalmology or neuropsychiatry.—David Dietz in San Francisco *News*, April 2.

War Medicine: Doctors Asked to Register for Defense

The Nation-wide program gearing more than 200,000 members of the medical profession to the country's war effort was outlined to a thousand doctors, dentists, veterinarians and hospital workers of Northern California and Nevada here yesterday.

They were told the medical profession is facing "one of the gravest responsibilities in its history" and that it must and will meet the demands placed on it by a nation at war.

Those demands, primarily, are to supply the armed forces with the doctors they now urgently need, and to see that civilian populations throughout the emergency will have adequate and essential protection.

The speaker was Dr. Harold S. Diehl of Minneapolis, member of the directing board of the Procurement and Assignment Service, addressing a luncheon meeting of the War Sessions conducted by the American College of Surgeons at the Fairmont Hotel.

Three Objectives

The program, to be carried out by the Procurement and Assignment Service with the coöperation of the Army, the Navy and all Selective Service boards, comprises three major points:

1. Enrollment of every member of the profession.
2. The appraisal of the qualifications of every doctor, dentist and veterinarian with regard to his availability for the armed forces.
3. The appraisal of local needs to determine how essential he is to his community.

The Procurement and Assignment Service, Dr. Diehl said, was created by executive order of the President last year as "an intelligent planning agency to avoid critical disruption of medical care for the civilian population and to meet the needs of the armed forces."

It will operate, he said, through a structure of corps area, State and local committees, "giving the profession an opportunity to solve its own problems."

Commissions Given

"The job must be done," he declared. "If we can't do it, someone else will do it for us. It will be taken out of our hands."

He said every doctor enrolling will be considered available for duty with the armed forces, "unless it is definitely shown he is essential for the welfare of his community." Those assigned to military duty will be given

commissions, with men under 37 being commissioned as First Lieutenants and those between 37 and 45 being ranked as Captains.

Doctors who do not enroll with the service, he declared, are subject to army induction by the draft and will, of course, be privileged to apply for commissions.

Local draft boards have been advised to consult with the Procurement and Assignment Service when doctors in their districts come up for induction. If a doctor is not enrolled with the service, Dr. Diehl said, no recommendation will be passed back to the draft board and the board will have no alternative but to induct him as a private.

"And," he declared, "I don't think the Surgeon General's office will put everything aside to secure commissions for physicians who have been drafted."

Doctors' Dependents

Dr. Diehl urged all young doctors, however, to apply for commissions immediately, without waiting for the service enrollment, which will not immediately get under way. The enrollment forms are now being printed and will be sent to the profession as soon as possible.

Dr. Diehl, discussing the question of dependencies, declared that, as commissioned officers, doctors will receive incomes sufficient to prevent "undue hardships" on their families, and called upon them, in this time of war, to expect and willingly make whatever financial sacrifices are necessary to the Nation's welfare.

The luncheon was the feature of a day's program given over to morning and afternoon panel discussion of problems facing the medical profession and hospitals in the emergency.

The meeting, one of 25 being conducted throughout the Nation by the American College of Surgeons, concluded last night with a dinner which was followed by further panel discussions.

Principal speaker at the banquet was Dr. Howard C. Naffziger of San Francisco, member of the board of regents of the American College of Surgeons, who spoke on the activities of the college and their relation to the defense program.—San Francisco *Chronicle*, April 17.

Military Clippings—Some news items of a military nature from the daily press follow:

Surgeons' War Preparations Reviewed at Gathering Here

A "war session" of the medical profession was held yesterday in San Francisco when members of the American College of Surgeons reviewed medical provisions from the standpoint of war conditions and reported that adequate provision was being made for the demands imposed by actual battle conditions.

One of 25 similar meetings being held throughout the country, the session here brought from Dr. Frederick Hook—chief of surgical service, U. S. Naval Hospital in Washington—the declaration: "With increased recruiting, it is going to be necessary to double the present staff of 3000 men." He declared that the staff already had grown from 875 to 3000 men.

The present day system of providing medical care for the men at war was described as one which begins with first aid treatment at battalion stations within the lines and moves to medical battalions and collective stations and to general hospitals outside war zones. Mobile surgical hospitals have been introduced and are used where needed; provision of the hospitals on wheels is for 400 men. The use of air transport for wounded is being used under general orders for the first time.

More than one thousand representatives of all phases of the medical profession attended the meeting yesterday. Demands of the warring forces were revealed as being paramount in the eyes of the profession, but provision for civilians under emergency conditions followed closely in their consideration.

Enrollment and the checking of capabilities of the men in the profession and an appraisal of local needs from their standpoint were pointed out as the next steps in making efficient the use of "medicine at war." Dr. Harold S. Diehl, representing the directing board of the Procurement and Assignment Service, told the doctors there is a strong need for trained and experienced men in both the armed forces and in the civilian fields.

Dr. Howard Naffziger of San Francisco addressed the night banquet meeting and told of the activities of the American College of Surgeons in the war effort. He is a member of the board of regents of the College of Surgeons.—San Francisco *News*, April 17.

* * *

'Doctors on Front Line Count in This War'

Far more than during the last war, it will be the front-line doctors who count in this war.

That was made plain by high medical men of the Army and Navy at a meeting of Southern California physicians and surgeons yesterday at the Biltmore Theater.

They spoke on a panel which has been traveling throughout the country to outline to doctors the part they must play for victory.

Describing the battalion medical officer as the key man in treatment of battlefield wounds, Colonel Hugh J. Morgan of the surgeon general's office, Washington, declared:

"His resourcefulness and courage in getting men back from the lines after battlefield treatment is a factor upon which much depends."

Mobility in War

Fixed plans and installations for medical treatment, such as field hospitals, can not be depended upon in highly mobile warfare to the same degree as in past wars.

Consequently the young medical officers up front will occupy positions of "greatest importance."

Sulfanilamide and others of the sulfa drugs have revolutionized treatment of wounded, Colonel Morgan pointed out.

"By sprinkling a few crystals of sulfanilamide on wounds—frosting them with it—surgical treatment can be postponed for many hours without development of serious infection," he said.

The anti-tetanus injections known to World War I veterans are now made unnecessary by effective vaccination at the time of a man's induction into the Army, Colonel Morgan declared.

This, he said, gives a lasting immunity which can be reactivated by another small injection at the time of injury. . . . —Los Angeles *Examiner*, April 19.

* * *

Doctors Tackle Problem of Services' Needs

The knotty problem of coördination of military and civilian defense needs was taken up here yesterday at one of the war sessions the American College of Surgeons has been conducting over the country.

Southland surgeons and hospital executives attended the sessions held at the Biltmore. These included technical addresses on treatment of wounds, fractures, shock and burns and general health measures in wartime.

Home Needs

Dr. Malcolm T. MacEachern of Chicago, associate director of the College of Surgeons, raised the question whether the removal of so many physicians and nurses from civilian life is not endangering the lives and health of workers at home, including children and mothers. Guards have been set up to see that this does not happen, Dr. MacEachern said.

"No physician is granted a commission in the Army or Navy until his application has been cleared through the Procurement and Assignment Service," he explained. "It is first determined whether dislocating that particular doctor would deprive the community of necessary service.

Aware of Shortage

"There is a complete awareness by the surgeons general of the Army and Navy of the shortage of physicians and surgeons, and they will coöperate in guarding the health of people at home, who should coöperate by practicing caution to avoid accidents, getting sufficient rest, right food and avoiding overfatigue, and getting small ills attended to by the family doctor before they become major ones and require hospitalization."

The community hospital as the natural center for civilian defense medical needs came in for special attention at the meeting. Dr. L. A. Scheele, San Francisco, urged them to make every effort to retain a safe number of trained staff members to protect the community in emergencies.

Services Explained

Dr. Harold S. Diehl, Minneapolis, member of the college's directing board, explained the functions of the Procurement and Assignment Service. He said 2500 physicians are wanted by the Air Corps by July 1, and after that 600 doctors every month. That with the demands of the Army and Navy and Marine Corps will take 16,000 physicians by Dec. 31, he estimated, and when the Army goal of 8,000,000 men is reached almost every one of the country's 62,000 doctors who is under 45 years of age will be needed by the armed forces.

The only source of physicians to meet any absolute deficiency for civilians would be the refugee doctors, many of whom from Germany and Austria are in the United States today. Dr. Diehl said that that is primarily a State matter, since the States license physicians.

Most of the States do not require United States citizenship, but there are many obstacles, Dr. Diehl explained, in putting the refugee medical men to work, their unfamiliarity with English and difficulty of determining their schooling and experience. The States require examinations before giving licenses to practice but that does not always determine a doctor's capability.

Capt. Frederick Hook, U.S.N., told how health affects efficiency in warfare; how the fighting ability of a ship's crew is conditioned by the physical and mental fitness of the crew. The larger part of a crew is composed of youths in their teens, he said, and the ship's doctors have to combat homesickness, a real ill, as well as actual disease.

Doctors Chafe

The doctors in the armed forces themselves are chafing under inactivity but Col. Hugh J. Morgan of the office of the Surgeon General of the Army said they soon will have plenty to do. He likened them to firemen who are usually inactive but when they are busy are very busy.

In treating military wounds, Col. Morgan said, sulphanilamide and other sulfa drugs are used, postponing the necessity of immediate surgery for several hours. Vaccinations developed since the last World War, he added, are going to prevent much disease in military service.—Los Angeles *Times*, April 19.

* * *

'Army Nurse No Job for Playgirl'

Washington, April 23.—The armed forces are great places for career women but not—definitely not—for playgirls.

With Congress at work on legislation permitting thousands of young women to join special branches of the Army or Navy, here is what Colonel J. O. Flikke has to say:

"Girls must come in with the idea that they want to give the best they have in the way of service. Those who are just seeking excitement or a good time won't do. The spirit of service should come first. As for a career—there isn't anything better."

Colonel Flikke knows. In civilian life she would be Mrs. Julia Flikke. She has not, however, been a civilian since she became an Army nurse in 1918 and served in France. Now she is the highest ranking woman officer in the Army.

A gray-haired matron with keen, calm eyes, she is superintendent of the Army Nurse Corps, which she directs with the aid of a lieutenant colonel, two captains, a first lieutenant and 25 civilian assistants, all women.

Her observations about service embraced all branches of the armed forces in which women may be called to serve but applied specifically to the ANC, which has existed in one form or another since 1898.

In the last war no nurse was killed by enemy action, but three were wounded and 272 died of accident or illness while in service. Thus far in this conflict Army nurses have gone wherever soldiers have gone.

Under Colonel Flikke's direction, the Army Nurse Corps has grown in two years from 700 to 10,280 and hopes to number 18,000 soon.

Army nurses must have been trained "in the best civilian schools"; with certain exceptions they must be in the 22-30 age group; they must be of good character and unmarried; they must be at least five feet tall and of standard weight for their age and height.

A nurse seeking appointment must be willing to serve for the duration of the war and six months afterward. If, as many have done, she falls in love with some Army officer and gets married, "we drop her."

Nurses start at the relative rank of second lieutenant with all the prequisites of the grade. But they receive only $840 a year plus maintenance and an initial issue of clothing and uniforms at the start, getting pay increases every three years until their salary reaches $1560.—San Francisco *News*, April 23.

Eye Defects, Dental Deficiencies Cause Army Rejections

Chicago, April 2. (UP).—Dental deficiencies and eye defects accounted for more than one-third of the rejections for physical and mental causes among the first 2,000,000 registrants examined for general military service, a report by Army medical research men revealed today.

The report, published in the current journal of the American Medical Association, was based on a sample analysis of medical records of 19,923 registrants between the ages of 21 and 36. The sample was drawn from each state in proportion to total registration and represented a cross section of the registrants examined before May 31, 1941.

Approximately 1,000,000 men of the 2,000,000 registered were disqualified. Of those, 900,000 were rejected for lack of physical and mental qualifications. A total of 430,000 were qualified only for limited military service.

Dental deficiencies, according to the report, accounted for 188,000, or 20.9 per cent of the 900,000 registrants not qualified for general military service. Defects of the eyes disqualified an estimated 123,000 or 13.7 per cent.

A total of 27,031 defects were tabulated for the 19,923 men. No defects were recorded for 5,741 registrants or 29 per cent of the 19,923 examined.—Eureka *Standard*, April 2.

* * *

Registration for All Men 45 to 64 in California

Approximately 800,000 male citizens and aliens between the ages of 45 and 64, inclusive, will sign up with local draft boards throughout California today, tomorrow and Monday as the Nation's fourth registration under the Selective Service Act gets under way.

The Californians will go to 2,500 registration places in the State. They, together with approximately 12,000,000 other middle aged and elderly registrants the country over, will not be signing up as possible additions to the Nation's fighting forces, but rather as potential conscripts in a vast citizen industrial army to back up younger men sent to the battlefields. . . .

Three main requirements for registrants to remember are:

1. Every male citizen and male alien who became 45 on or before February 16, 1942, and has not reached his 65th birthday on or before April 27, 1942, must register.

2. He should register at a designated registration place of the local board area in which he has his permanent home, or in which he may happen to be between the hours of 7 a. m. and 9 p. m. during the registration period.

3. He must answer all questions asked by the registrar for notation on the registration card, and in particular, carefully specify his home address.

Like other registrants of previous calls, he must have his registration card on his person at all times. Failure to possess the certificate or to show it to authorized persons is a violation of the Selective Service Act.

The week-end registration will consist simply of answering the following nine questions:

1. Name.
2. Residence.
3. Mailing address.
4. Telephone number.
5. Age and date of birth.
6. Place of birth.
7. Name and address of person who will always know his whereabouts.
8. Employer's name and address.
9. Place of business of employment.

When these questions have been answered, the registrant will be given a registration certificate which he must have in his possession at all times. These certificates will list each registrant's physical characteristics.

After the registrations have been completed, those signing up will receive some time in the future a complete questionnaire covering their occupational aptitude, qualifications and skills.

For War Industries

Federal Security Administrator Paul V. McNutt said: "When the information called for has been received, the United States Government will have for the first time a complete list of the occupational skills of the entire male population of working age. The United States Employment Service will then be able to locate men who have skills urgently needed by war industries and offer them an opportunity to transfer to war production jobs or to be trained for such jobs."

Arrangements are expected to be made soon for the registration of youths of 18 and 19, the only group covered by the Draft Act which has not yet been registered.

The act provides for eventual registration of all males between the ages of 18 and 64.

It is estimated there are about 1,200,000 youths between 18 and 19 in the Nation.

With 26,000,000 men from 20 to 44, inclusive, already registered for possible military service, the new registration will increase the Nation's reservoir of potential fighting men or civilian war workers to a total of approximately 38,000,000. . . .—San Francisco *Examiner*, April 25.

* * *

Priority List for Doctors

With great numbers of physicians called into military service, doctors may be placed on a priority basis to insure sufficient medical care for civilians, the California Medical association, now in convention 1,500 strong at Hotel Del Monte, was told today.

Convening in the convention pavilion, surrounded by army tents housing a complete field hospital unit from Fort Ord, the doctors began their discussion of medicine in time of war.

Dr. Harold A. Fletcher of San Francisco, chairman of the California division of federal procurement and assignment service, said that available doctors may have to be relocated in communities stripped of physicians by the armed forces.

All physicians who do not register with the service will receive little sympathy from selective service officials, he said. Registrants are classified as "available," those not essential to the community and available for military service or relocation in a community where they are needed; "not available at present," those temporarily essential to the community who may be relocated later; and "essential," those needed in a community.

Tremendous expansion of the civilian populations near war production cities, such as San Francisco, Vallejo, Los Angeles, and San Diego, demand increased medical service for civilians, while the armed forces are demanding increased numbers of doctors. . . .—Monterey Peninsula *Herald*, May 4.

* * *

Army and Navy in Need of Dentists

Total of 13,500 Must Be Drawn at Once

New York, May 13.—(AP).—The Army and Navy needs 13,500 dentists, a government official said today, and they must be drawn immediately from the 71,500 dentists now practicing in the nation.

"The present ratio in the Army of three dentists to 2000 men will probably be changed to one to every 500 men," said Comdr. C. Raymond Wells, chief dental officer, medical division of the selective service system. "Therefore, on the basis of an army of 5,000,000, it will need 10,000 dentists.

"The Navy, on a basis of 1,000,000 men, will need 2000. In addition, some 1700 dentists will be needed for adminisrative posts."—Los Angeles *Times*, May 14.

* * *

Contract Surgeons

Record of Agnes Scholl Ruddock, M.D., Los Angeles

Twenty-four years ago the powers of the world signed treaties which, to our eager short-sightedness, appeared to climax a terrifying period in history and put a stop forever to war.

No matter what our convictions and desires were prior to Pearl Harbor Day, December 7, 1941, we know now that we must collectively and individually put every talent we possess to work to keep this present conflict from being a war of total engulfing destruction. . . .

If World War I experience is to be repeated, the Government will again call women as contract surgeons. . . .

Dr. Agnes Scholl Ruddock, who now lives in Los Angeles, has two children and is a physician with the Health Department of the City Schools. Her husband, Dr. John C. Ruddock, president of Los Angeles County Medical Association, has just been called for active duty with the Navy. Dr. Agnes Ruddock was a bride in New York City in 1918 and her husband was on active medical duty overseas. The story of her career in Army service is interesting enough surely to entice other women to sign up when the opportunity comes.

In a personal interview Dr. Ruddock said: "I began military service work in May, 1918, when I was at the Rockefeller Institute. It was my privilege to be the only woman doctor taking the special course given in medicine to army officers, as I was preparing to go into the Army as a contract surgeon.

The class consisted of about fifty army men, and a month's review was given of all the latest work in the main diseases of service life—namely, typhoid, pneumonia, meningitis, tropical diseases and serology. . . .

On January 1, 1919, the day when the *Northern Pacific* went aground on Fire Island, there was great excitement. My husband, Dr. John Ruddock, was one of the medical officers on that transport. The Hospital Debarkation No. 3 was expecting 2,000 wounded from the ship, the first large number of wounded brought back after the Armistice was signed.

Some of the members of the laboratory, including myself, were able to go down to the *Northern Pacific* on Fire Island. During the transfer of wounded from the ship to shore, a life boat capsized and some of the wounded were overcome and in bad condition, and we rendered first aid. Report of the experience was sent by a captain in the Navy to the Secretary of the Navy, and a letter was sent to me from Secretary of War Baker which is as follows:

CONTRACT SURGEON AGNES S. RUDDOCK,
United States Army:

The Secretary of the Navy has called my attention to your gallant conduct on the occasion of the grounding of the *U.S.S. Northern Pacific* on January 1, 1919, and desires me to convey to you the sincere appreciation of the Navy Department for your prompt action on this occasion in rendering first aid to those who were seriously affected by the capsizing of the boat transferring sick and wounded from the *U.S.S. Northern Pacific* to shore.

On behalf of the War Department allow me to add my appreciation of your valuable and praiseworthy service rendered on the occasion of the grounding of the *U.S.S. Northern Pacific* on January 1, 1919.

A copy of this letter will be placed with your efficiency record in the office of the Adjutant-General of the Army.

Sincerely yours,
(Signed) NEWTON D. BAKER,
Secretary of War.

Our work continued on overseas troops in the laboratory, and finally, when the work lessened, we had a course of instruction in laboratory methods for Army medical officers of the port and compiled a book of late methods of laboratory technique.

Debarkation Hospital No. 3 closed in June, 1919. After that the work was light, and we were discharged in October, 1919.". . .—*The Medical Women's Journal*, February, 1942.

* * *

Dr. Wilbur: More Action, Less Talk!

Stanford University, May 7—Dr. Ray Lyman Wilbur, chancellor of Stanford University and a distinguished physician, today examined a patient and presented a diagnosis.

The patient: America at war.

The diagnosis, in part:

Too little action too late, too much talk too early.

Not enough appreciation, even at this late date, of the dangers facing the country.

Not enough coöperation in the right directions by college students, and too much coöperation in the wrong ones.

"People still do not appreciate the dangers which face California," he told a student body assembly. "They do not realize the damage which can be done to our forests and our other natural resources. Our State Guard would have been on an entirely different basis from the start if people had understood the situation."

He criticized many technically-trained students for breaking out with the wrong variety of patriotism. "We must have chemists, physicists and trained men in other fields," he declared. "If all of the qualified college men go into the armed services, and some of them also are qualified for vital civilian occupations, we may have trouble recruiting men for the professional services which we must have."

This is not going to be a short war, he told the students. "It is going to be a long, long war, and everyone has an intimate part in the program. Women must play an important part—they might even be drafted, sooner or later.—San Francisco *Chronicle*, May 8.

* * *

2,439,600 Sign in State Draft

Sacramento, May 11.—(AP).—California has registered a total of 2,439,600 men for war-time combatant and noncombatant duty since October, 1940, State selective service headquarters announced today.

Of the total, 1,549,147 men are subject to call for war combat duty, and 890,453 men—those between the ages

of 45 and 64 inclusive—are subject only to noncombatant service, officials said.

The four registration periods and their resultant totals are:

October 16, 1940, for men between the ages of 21 and 35 inclusive, 955,871; July 1, 1941, for men who became 21 since October 16, 1940, 49,077; February 14-16, 1942, for men between 21 and 44 inclusive, 544,699, and April 25-27, 1942, for men between 45 and 64 inclusive, 890,354. —San Francisco *Examiner*, May 12.

* * *

Women in War: Services Need 1000 More Nurses Every Month!

Ten thousand graduate nurses are on duty now with the army and navy but a thousand a month more are needed for the same type of work. The times offer American nurses the greatest opportunity they have ever had.

This is the statement of Miss Mary Roberts, director of the nursing information bureau of the American Nures Association. Out in the Far East, American nurses are fighting malaria and caring for the bombed and burned. They are voyaging on hospital ships in armed convoys, tending wounded soldiers, sailors and refugees. Wherever American fighting men go, a contingent of nurses follows them.

The United States Government has called for 55,000 student nurses for the school year of 1942-43 and the nurses associations have been told to get ready to train 65,000 new ones in the year to follow.

War time demands have already taken thousands from civilian hospitals and their staffs are below their normal peacetime quotas. . . .

Most nurses, who wish to do military service, enroll with the Red Cross. . . .

Qualifications for war services are rigid. An army or navy nurse must be an American citizen, single, divorced or widowed, between the ages of 21 and 40. She must be a graduate of a qualified nursing school and must be in A-1 physical condition.

All war time nursing does not call for service at the front. Thousands of registered nurses are required in over-crowded industrial areas and city hospitals trying to hold up the level of civilian health.—San Francisco *Chronicle*, May 3.

* * *

Decontamination of Eyes After Exposure to Lewisite and Mustard

(COPY)

OFFICE OF CIVILIAN DEFENSE

Washington, D. C.

To Editors of Medical, Hospital and Related Journals:

The Medical Division of the Office of Civilian Defense wishes to bring the following information to the attention of the medical profession:

Since publication of the Office of Civilian Defense handbooks, "First Aid in the Prevention and Treatment of Chemical Casualties" and "Protection Against Gas," further experience has shown that the 2 per cent solution of hydrogen peroxide recommended for the treatment of eyes following Lewisite burns may be injurious if used undiluted. The Chemical Warfare Service now recommends a single instillation in the eyes of a 0.5 per cent solution of hydrogen peroxide as soon as possible after contamination with Lewisite. This solution may be prepared by diluting one part of a 2 per cent solution with three parts of water, or one part of a 3 per cent solution with five parts of water. The solution usually found in drug stores is the U. S. P. strength of 2.5 to 3.5 per cent hydrogen peroxide. A 0.5 per cent solution of potassium permanganate has also been found effective as an eye instillation following exposure to Lewisite.

In planning decontamination stations, the Medical Division, Office of Civilian Defense, recommends that provision be made near the entrance of the second or shower room for the irrigation of the eyes of contaminated persons. The schematic sketch of a decontamination station in the Office of Civilian Defense publications mentioned above shows the irrigation of eyes in the dressing room, whereas this should be carried out in the second or shower room before the bath is given. Delay until the casualty reaches the dressing room will result in more serious injury to eyes which have been contaminated with mustard or Lewisite.

COMMITTEE ON MEDICAL DEFENSE

The *New York State Journal of Defense*, in its issue of April 1, 1942, printed the Annual Reports of the Medical Society of the State of New York. (New York, unlike California, has clung to its original name. Former name of the California Medical Association was "Medical Society of the State of California.")

The report of the New York Committee on Malpractice Defense and Insurance Comments on the experience with group insurance maintained through a medical society, and also on the liability of physicians who are in the armed forces, concerning possible malpractice suits based on service rendered by them in the course of military duty.

Because there is so much misunderstanding on this point, the Editor of CALIFORNIA AND WESTERN MEDICINE is reprinting excerpts from the New York report for the information of California physicians.

* * *

Soldiers Can Make Malpractice Charges

At the present time, when an increased number of members are being called into active service with the armed forces, the following opinion of the Judge Advocate General of the Army will be of special interest:

"A person in the military service may claim that an officer of the medical corps has in some manner been guilty of malpractice in treating or examining him in the line of duty. A similar claim for alleged malpractice may be pressed against an examining physician for a local Selective Service board by a selectee called before that board. The fact that a person is in the military service, or is in the course of being inducted therein, does not prevent him from asserting his civil rights so long as the interests of the service or of national defense are not concerned. Hence, the Judge Advocate General of the Army has held that members of the Army are entitled to the same civil rights of action among one another with reference to suits for malpractice or negligence as they would have in civil life.*

"Without doubt the same degree of care, diligence, and professional ability required of any physician with respect to the care of patients in civilian life is required by law of a medical officer of the Army, or of an examining physician for a local board, in his care or examination of a member of the service or of a selectee called for the purposes of induction. For a departure from such standard resulting in harm to the patient the medical officer or the examining physician would be liable in a civil suit by the aggrieved patient the same as though both the patient and the physician were in civil life. The medical officer, then, in the Army and the physician acting for a local Selective Service board by virtue of his service or function stand in no different position with respect to answerability to his patients from that of a physician acting solely in a civil capacity.

"However, were a malpractice claim to be pressed against an army medical officer or an examining physician for a local board for alleged malpractice in the performance of his official duties, the government itself would no doubt provide defense for the physician accused. It has been the practice of the Attorney General, in the past, to provide, on the request of an interested government department or agency, defense for government officers or agents in civil suits arising out of the activities in the course of the discharge of their official duties. A communication from the office of the Judge Advocate General of the Army dated May 1, 1941, indicates that

* J. A. G. 707, March 6, 1934.

in the past the War Department itself has not undertaken the defense of a civil suit for malpractice brought against a member of the medical corps, but that the defendant medical officer has had the right to have the case removed to a federal court and to be defended by a United States attorney designated by the Department of Justice. If, however, according to this communication, a judgment was to be rendered against such a medical officer, there is no provision by law by which the judgment could be paid by the government or by which the defendant physician could be reimbursed by the government."

* * *

Malpractice insurance in the Society's Group Plan will extend protection to policyholders *wherever they may be.* It will also protect members on account of suits against them because of the acts of other insured members in whose care they leave their practice.

Malpractice defense, however skillful, is only half of the protection needed by a practicing physician in this state, because not all suits of claims are resolved in favor of the defendants. A few are lost, but many are compromised because they are of such a nature that public defense would do more harm to the doctor's standing in his community than would a quiet settlement out of court. In such cases in New York State, an uninsured doctor must bear the cost of settlement and all expenses incident to defense except, of course, fees for legal counsel.

* * *

Great wars reach into and disturb the economic balance of every phase of human existence in all countries. It is not easy to trace the course by which some elements are disturbed, but the results are clearly discernible. It is easy to understand, for example, why marine insurance with its attendant war-risk losses is profoundly affected, but it is not so easy to understand why the general unrest should cause an increase in the cost of malpractice insurance, but our most carefully compiled loss tabulations indicate that to be a fact. While there has been a noticeable decrease in the number of suits and claims against members of the State Medical Society, the cost of disposing of them has considerably offset that favorable factor. The over-all result of the operation of the Group Plan of the State Society up to date indicates that some increase in the base rate has become necessary.

* * *

Analysis of our loss costs developed the fact that losses, on account of plastic surgery and particularly that which, for want of a better term, is referred to as "cosmetic" surgery, have grown to be far in excess of those for all other branches of medical practice, with possible exception of x-ray therapy. Had it not been for those losses, it is possible that a small reduction could have been made in the Group Plan rate at the present time.

This situation has made it necessary for the Yorkshire Indemnity Company to amend the master policy so as to exclude all losses on account of plastic surgery, except those arising by reason of the performance of operations for the purpose of "remedying conditions caused by trauma, or by congenital deformities, or by demonstrable pathological lesions." At the same time, arrangements were made so that members whose practice regularly includes "cosmetic" surgery, and who have clearly demonstrated their competence to pursue that specialty, could secure protection, by endorsement added to their individual insurance, for an additional premium equal to 50 per cent of their annual premium. This follows the principle, adopted in 1924 with respect to x-ray therapy, of allocating increased charges against specialties responsible for excessive loss experience.

Because of this adjustment, the forthcoming increase in the general rate will be small. Although the new rate computations have not yet been completed, it appears that some further reduction may be made in the expense element which will exert a further modifying effect upon the ultimate rate.

* * *

Malpractice protection to be effective must combine sound indemnity and skillful legal defense. That is the great lesson learned by the State Medical Society following the last war. It was to provide such a combination that the Group Malpractice Insurance Plan was organized by the Society in 1921. And since, for the first time in insurance or medical history, these two elements of protection were brought together under the supervision and direction of organized medicine the Group Plan has lived and grown stronger through each of its twenty years of existence. As this plan of ours approaches its twenty-first birthday, it can be said that no undertaking of the State Medical Society has accomplished more for its members.

It has furnished sound, safe, and reliable financial protection. It has maintained, with the help of the Society, the finest legal defense for doctors to be found any place in the world. It has made possible the continuance of free malpractice defense for uninsured members of the Society. It has relieved the members from worry on account of malpractice actions against them and allowed them to devote their full thought and energies to their professional work, with no haunting fear of a courtroom. Since every member of the Medical Society of the State of New York, whether insured or not, benefits by the existence and sound growth of the Group Plan, every member of the Society owes to it his loyal backing and support.—*New York State Journal of Medicine*, April 1, 1942.

COMMITTEE ON POSTGRADUATE ACTIVITIES†

California Heart Association

Due to pressure for space, the excellent program of the annual meeting of the California Heart Association, held in Del Monte on Sunday, May 3rd, did not appear in the April issue of CALIFORNIA AND WESTERN MEDICINE. However, the full program was given space in the Convention program (on page 23). Through the courtesy of the C. M. A. Committee on Scientific Work, the services of Dr. Wallace M. Yater, Professor of Medicine at Georgetown University Medical School, Washington, D. C., were made available to the Heart Association. The attendance at the two meetings of the California Heart Association is evidence of the increasing interest physicians are taking in the work of this affiliated organization. Program follows:

Sunday, May 3, 9:30 a. m.

Guest speaker—Wallace M. Yater, M. D., Professor of Medicine, Georgetown University, Washington, D. C.
I. *Electricardiographic Studies:*

1. *The Electrocardiogram in Diabetic Acidosis*—B. Eugene Levine, M. D., Los Angeles.
2. *The Electrocardiogram in Hyperthyroidism, 160 Cases*—Gilbert S. Gordan, M. D., San Francisco, Mayo H. Soley, M. D., San Francisco, and Francis L. Chamberlain, M. D., San Francisco.

† Requests concerning clinical conferences, guest speakers, and other information, should be sent to the California Medical Association headquarters office, 450 Sutter, San Francisco, in care of the Association Secretary, who is secretary ex officio of the Committee on Postgraduate Activities.

3. *The Effect of Potassium Administration on the Electrocardiogram and on Ectopic Beats after Digitalis Administration*—John J. Sampson, M. D., San Francisco, and Benjamin Kondo, M. D., San Francisco.
4. *The Electrocardiogram in the Hyperventilation Syndrome*—William Paul Thompson, M. D., Los Angeles.

II. *Auricular Flutter in Childhood*—James H. Thompson, M. D., San Francisco, Francis L. Chamberlain, M. D., San Francisco, and William J. Kerr, M. D., San Francisco.

III. *The Importance of Age in the Relative Frequency of Various Congenital Cardiac Lesions*—Lewis T. Bullock, M. D., Los Angeles.

IV. *An Experimental Study of the Actions of Drugs upon Coronary Blood Flow*—Clinton H. Thienes, M. D., Los Angeles, Howard F. Wilkins, M. D., Los Angeles, and Raoul Escobar, M. D., Los Angeles.

V. *A New Method for Statistical Research:*
1. *Report on Cartoid Sinus Sensitivity Accidents*—John Martin Askey, M. D., Los Angeles.

Luncheon Recess, 12:00 Noon
Afternoon Session, 1:30 p. m.

VI. *Electrocardiographic Studies:*
1. *The Electrocardiogram in Coarctation of the Aorta*—Richard D. Friedlander, M. D., San Francisco.
2. *Significant Electrocardiographic Changes Following Exercise in Angina Pectoris*—Arthur R. Twiss, M. D., San Francisco, and Maurice Sokolow, M. D., San Francisco.
3. *Correlation of Electrocardiographic Interpretations with Autopsy Finding in 230 Cases*—George D. Barnett, M. D., San Francisco, and J. Marion Read, M. D., San Francisco.

VII. *Observations on the Rhythmic Property of the Human Heart*—Morris H. Nathanson, M. D., Los Angeles.

VIII. *Study of the Circulation in Acute Myocardial Infraction*—Arthur Selzer, M. D., San Francisco.

IX. *A Re-evaluation of the Serologic Status in Syphilitic Heart Disease*—Walter Beckh, M. D., San Francisco.

Annual Business Meeting—5:00 p. m.

COUNTY SOCIETIES†

CHANGES IN MEMBERSHIP

New Members (101)

Alameda County (1)

E. K. Ward, *Oakland*

Butte-Glenn County (1)

Louis C. Olker, *Chico*

Contra Costa County (2)

H. L. Carpenter, *Richmond*
Ralph M. Glass, *El Cerrito*

Fresno County (5)

Victor A. Badertscher, *Fresno*
Sidney Falk, *Fort Ord*
Egil Hanssen, *Reedley*
Thomas Klein, *Madera*
Samuel Ross, *Fresno*

Inyo-Mono County (1)

Joseph W. Telford, *Bishop*

Kern County (2)

Mary Griset, *Wasco*
Mary Owens, *Oildale*

Los Angeles County (35)

Clarence Henry Albaugh, *Los Angeles*
W. Clyde Allen, *Los Angeles*
Albert Anton, *Los Angeles*
Arthur Thomas Bailey, *Los Angeles*
George Edward Beckerman, *Santa Monica*
Kenneth Joseph Cosgrove, *Los Angeles*
Edward Harrison Crane, Jr., *Los Angeles*
John Sangster Darby, *Los Angeles*
Clarence Hugo Folsom, *Alhambra*
Thomas Brewster Keller, *Glendale*
Harry Walton Bryan Kirby, *Los Angeles*
Marvin Dee Knoll, *Los Angeles*
Delia Lynch, *Los Angeles*
Allen I. Mann, *Los Angeles*
Thomas Reynold Martin, *Hawthorne*
Leo L. Mayer, *Los Angeles*
Edward Austin McManus, *Los Angeles*
Harry A. Miller, *Los Angeles*
John Everett Miracle, *Glendale*
Harold Arthur Mourer, *Bellflower*
Thomas Myers, *Huntington Park*
Jacob Kirk Pearson, *Santa Monica*
Robert Alan Phillips, *Los Angeles*
Louis Shapiro, *Los Angeles*
Joseph A. Smaha, *Santa Monica*
Kenneth Leslie Stout, *Los Angeles*
Edward Lamont Sugar, *Los Angeles*
P. Harold Sunde, *Los Angeles*
Reuben T. Swenson, *Los Angeles*
A. Peter Thompson, *Maywood*
M. E. Trainor, *Los Angeles*
George Meredith Uhl, *Los Angeles*
Margaret Almina Van Atta, *Los Angeles*
Francis A. Walls, *Maywood*
Clyde Orthur Wood, *Beverly Hills*

Marin County (3)

A. B. Goddard, *Mill Valley*
Howard Hammond, Jr., *San Rafael*
Hubert F. Schwarz, *San Anselmo*

Merced-Mariposa (1)

J. L. Mudd, *Merced*

Monterey County (6)

L. P. Davlin, *Gonzales*
Burton E. Kitchen, *Salinas*
Ralph E. Pray, *Salinas*
George R. Sasaki, *Salinas*
W. Teaby, *Monterey*
Hearley H. Thomas, *Spreckels*

Napa County (4)

Robert W. Boggs, *St. Helena*
Edward W. Hoehn, *Sanitarium*
Harold E. James, *Sanitarium*
Clara Radabaugh, *Sanitarium*

Orange County (2)

LeRoy R. Allen, *Orange*
S. Theron Johnston, *Santa Ana*

Sacramento County (2)

Dan O. Kilroy, *Sacramento*
Max L. Salvater, *Sacramento*

San Bernardino County (2)

O. A. Bosshardt, *Ontario*
Charles E. Carmack, *San Bernardino*

† For roster of officers of component county medical societies, see page 4 in front advertising section.

San Diego County (6)

Maurice J. Brown, *San Diego*
W. W. Cooper, *San Diego*
Robert C. Gribble, *San Diego*
E. J. Stevens, *National City*
George R. Turner, *San Diego*
Ernest A. Wagner, *National City*

San Francisco County (15)

Hymer L. Friedell, *San Francisco*
Nathan Baruch Friedman, *San Francisco*
Otto E. Guttentag, *San Francisco*
Edward E. Hause, *San Francisco*
Olav Kaarboe, *San Francisco*
Julius A. Katzive, *San Francisco*
Paul H. Reinhardt, *San Francisco*
John L. Reynolds, *San Francisco*
Leslie Riechel, *San Francisco*
Newton Hart Shapiro, *San Francisco*
Allen Hyman Sherman, *San Francisco*
Kenneth Clark Strong, *San Francisco*
Bernard James Sullivan, *San Francisco*
Walter P. Work, *San Francisco*
David S. Zealear, *San Francisco*

San Joaquin County (1)

G. N. Pierce, *French Camp*

San Luis Obispo County (1)

H. McGarvey, *Atascadero*

Santa Barbara County (4)

Wm. Raby Johnston, *Santa Barbara*
Sanborn G. Kearney, *Santa Barbara*
Charlotte Singer-Brooks, *Santa Maria*
W. Gordon Smith, *Santa Barbara*

Santa Clara County (1)

Gordon D. Billingsley, *Los Altos*

Shasta County (3)

Amos Raymond Henry, *Project City*
Harry Thornton Hinman, Jr., *Redding*
Everett Burr Myer, *Shasta Dam*

Sonoma County (2)

Frederick E. Ems, *Petaluma*
Victor E. Koerper, *Santa Rosa*

Yuba-Sutter-Colusa County (1)

William W. Ornduff, *Marysville*

Transfer (4)

Dale Emerson Barber, from Alameda County to Mendocino-Lake County
Justin A. Frank, from San Luis Obispo County to Santa Barbara County
Alfred Sand, from Imperial County to San Diego County
Rudolph Benedict Toller, from Napa County to Mendocino-Lake County

Retired Members (1)

Frederick J. Crease, *Kern County*

Life Members (3)

Lula T. Ellis, *Los Angeles County*
W. E. Lilley, *Merced County*
A. S. Parker, *Merced County*

In Memoriam

Kelleyan, Yacob Kevork. Died at Los Angeles, April 2, 1942, age 59. Graduate of the American University of Beirut School of Medicine, Syria, 1905. Licensed in California in 1924. Doctor Kelleyan was a member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✣

Stoddard, Thomas Albion. Died at Berkeley, April 7, 1942, age 64. Graduate of the University of California Medical School, 1907. Licensed in California in 1907. Doctor Stoddard was a member of the San Francisco County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✣

Wagner, Andrew Fremont. Died at Los Angeles, March 28, 1942, age 75. Graduate of the University of Pennsylvania School of Medicine, Philadelphia, 1899. Licensed in California in 1905. Doctor Wagner was a retired member of the Los Angeles County Medical Association, the California Medical Association, and the American Medical Association.

✣

Webber, William Taylor. Died at Long Beach, March 26, 1942, age 45. Graduate of the University of Nebraska College of Medicine, Omaha, 1922. Licensed in California in 1923. Doctor Webber was a member of the Los Angeles County Medical Association, the California Medical Association, and a Fellow of the American Medical Association.

✣

OBITUARIES

Harry I. Wiel
1880—1942

In the recent death of Harry I. Wiel, San Francisco lost one of her most colorful medical figures. He died at his home, in Clay Street, of generalized arteriosclerosis, after an illness of over two years. Brilliant, intuitive and impatient, nothing in his whole life tried his spirit as did his last illness. He was so familiar with every phase of the disease that there was no way in which his sensitive feelings could be spared, and his family and friends suffered with him day after day. It was a death he would not have wished for his worst enemy, if he had had an enemy.

He was born in San Francisco on November 24, 1880, the youngest of a family of five sons, all of whom are, or have been, prominent in the life of this city, and some of whom are widely known in law and in business. He was educated in the public schools, and was graduated from Stanford in the famous class of 1900, after completing the four-year course in three years.

His musical talents, which—in later years, were such a source of pleasure to his friends—were manifest very early, and he had the best instruction available in San Francisco; but when he wished to make a career of music his father insisted that such a course was frivolous, and demanded that he study something less aesthetic, as his brothers had done before him. He chose medicine and entered the Johns Hopkins University School of Medicine in the fall of 1901, when Hopkins was at its apogee. He soon became a favorite pupil of Osler, but had considerable difficulty with Kelly and his department. By arduous effort, however, he satisfied the requirements, and was graduated in 1905, the year Osler left for Oxford. After his graduation he went to Harvard for postgraduate work; but when it was found that he was devoting more time to music than to medicine, he was summoned home. He was licensed to practice in California the same year.

Much of the medicine that was practiced here in those days was definitely held over from the prescientific era, although many of the leading practitioners were anxious to have the benefit of scientific methods, and the young Dr. Wiel was called in consultation by several of the more august of these. The consultations did not turn out well and were not continued, partly because of Wiel's intense dislike of pretense and sham, and partly because of his irresistible tendency to see a ludicrous side to even the most solemn situations.

In 1909 and 1910 he went abroad, and while he visited the continent, he was fascinated by the work of Sir James MacKenzie on the heart, and by that of A. R. Cushny on digitalis, and so he spent most of his time in Great Britain.

On his return, he was appointed to the medical staff of the University of California, where he taught clinical medicine from 1918 to 1927.

Much of his professional activity was lavished on the poor and the needy, and no one ever appealed to him in vain, for his sympathy was boundless. He was generous to younger members of the profession and always did his best to help them in any way that lay within his power. There are many who will miss him profoundly.

GEORGE N. HOSFORD.

✤

Lionel Prince
1887—1942

A few months ago Lionel D. Prince studied some x-ray films of his skull and back. With characteristic wit and fortitude, he made his final orthopedic diagnosis: Multiple myeloma.

His death on March 6, 1942 ended prematurely the career of an orthopedic surgeon, who was respected and welcomed by his contemporaries, not only for his unusually fine practical knowledge and excellent technical judgment in orthopedics, but also because his personality emanated cheerfulness, sincerity and fine fellowship.

Dr. Prince was born at Eureka, California, February 13, 1887. He received his degree in medicine from the University of California in 1912. After a few years in general surgical practice he undertook postgraduate work in orthopedic surgery at Harvard Medical School and other Eastern centers. Soon after the outbreak of World War I, Doctor Prince entered the United States Army Medical Corps and for over a year was an orthopedic surgeon at the British Military Reconstruction Hospital at Edmonton, England. He was discharged from military service in October, 1919, with the rank of Major, and returned to San Francisco to resume the practice of his specialty.

The increased importance and widened scope of the specialty of orthopedics is due entirely to the pioneer work of men like Lionel D. Prince. Though his written contributions were not numerous, recognition of his clinical ability and practical contributions to his specialty are seen in his election as Vice President of the American Academy of Orthopedic Surgery, and President of the Western Orthopedic Association in 1935. He was a Fellow of the American College of Surgeons and a Diplomat of the American Board of Orthopedic Surgery. He was active in many national, professional and fraternal organizations.

At the time of his death he had been for many years Chief of the Orthopedic Service at Mount Zion Hospital, and Consultant Orthopedic Surgeon to the Santa Fe Railway Company and the Western Pacific Railroad.

His death leaves us with fine indelible memories, which we hope will continue to inspire his younger associates, so that ultimately the loss to our profession can be replaced.

FRANKLIN I. HARRIS.

THE WOMAN'S AUXILIARY TO THE CALIFORNIA MEDICAL ASSOCIATION†

MRS. HARRY O. HUND.....President
MRS. RENE VAN DE CARR.....Chairman on Publicity
MRS. ROSSNER GRAHAM..Asst. Chairman on Publicity

State Convention Report—Thirteenth Annual Session

May 3-6, 1942

Although a solemn note prevailed during the Thirteenth Annual Session of the Woman's Auxiliary to the California Medical Association, the program planned by Mrs. John C. Sharp, Convention Chairman, furnished so much relaxation and entertainment that all who attended enjoyed a very happy holiday. Never before have the topics discussed been more interesting or unity of purpose more stressed.

On Monday morning, May 4, many of the doctors' wives were present at the Opening Session of the California Medical Association. At that time a check for $735.00 was turned over to the Physicians' Benevolence Fund of the California Medical Association by Mrs. Harry O. Hund, State President of the Woman's Auxiliary.

Some of the women participated in the Golf Tournament which was played on the beautiful Del Monte Course. A Bridge Party held on the mezzanine floor of the Del Monte Hotel, in the afternoon, was well attended. Later in the evening, doctors as well as their wives "hissed the villain and cheered the hero" in "Deserted at the Altar" which was staged in the Bali Room, Del Monte Hotel. This entertainment was given in honor of Mrs. Henry S. Rogers, wife of the President of the California Medical Association.

On Tuesday morning, May 5, at nine-thirty o'clock, the first general meeting of the Thirteenth Annual Session of the Woman's Auxiliary was called to order by the President, Mrs. Harry O. Hund of San Rafael. Following this meeting, which was held in the new Pavilion Auditorium, a buffet luncheon honoring Mrs. Harry O. Hund was served near the Roman Plunge. In the absence of Mrs. A. E. Anderson, Mrs. Clifford Wright of Los Angeles presided. Outstanding speakers included Dewey R. Powell, M. D.; William R. Molony, M. D.; and George H. Kress, M. D.

In the afternoon a tour of the Pebble Beach famous gardens was enjoyed by a large group. As one walked through these lovely gardens, that reach out to the sea, it was hard to believe that this beauty spot of California could ever be marred by the violence of war.

The President's dinner on Tuesday night, with such splendid music and entertainment, was a gala evening.

On Wednesday, May 6, the second meeting of the Thirteenth Annual Session of the Woman's Auxiliary was held, with the President, Mrs. Harry O. Hund, presiding. During this meeting resolutions were read by Mrs. William C. Boeck and adopted by the House of Delegates. The actions taken were as follows:

1. That the County Auxiliaries in turn assume responsibility for State Conventions; so that Monterey County may be relieved of the duties which they have performed so well during the past years.

---

† Reports of county chairmen of publicity should reach Mrs. Rossner Graham, Assistant Chairman of Publicity, 6101 Acacia, Oakland, by the tenth of the month previous to publication. Address of the Chairman of Publicity: Mrs. Rene Van de Carr, 51 Prospect Road, Piedmont. For roster of state and county officers, see page 6, in front advertising section.

2. That a sufficient amount be drawn from the State Auxiliary savings account to purchase thirteen war bonds in the name of the Auxiliary.

A luncheon at Pebble Beach Lodge, honoring Mrs. F. G. Lindemulder, President-Elect, concluded the activities. Mrs. Hobart Rogers, Past President, presided. Clarence E. Rees, M. D., spoke on "New Drugs." Other speakers on the program were Harvey E. Billig, Jr., M. D., who is on assignment with the U. S. Navy, and J. G. Wooley, Executive Secretary of the Los Angeles County Chapter of the National Foundation for Infantile Paralysis.

News Items

Alameda County has planned its last meeting of the year around the President's annual report and the installation of new officers and directors. A musical program by a trio, composed of Helen Shutes, Florence Briggs Russell, and Mary Barnard Jacobus, will follow the business meeting.

In April the Auxiliary inaugurated a new activity with the Oakland Hospitality House for men in the service. Hostesses, workers and food are to be furnished from the membership on the third Tuesday of each month from eleven in the morning until ten in the evening. Members of the Auxiliary have planned to continue this gratifying service throughout the summer.

* * *

Dr. Hyman Ginsburg, of the County General Hospital, spoke on the Blood Bank to members of the Fresno County Auxiliary at the April meeting. He told how the bank worked and how it could be financed and of the necessity of the Auxiliary keeping up the public interest after the first enthusiasm may have cooled. Dr. Ginsburg had just returned from Minnesota where he had observed the work of Miss Elisabeth Kenny, the Australian nurse, in the treatment of infantile paralysis. The County plans to send a nurse to be trained in her method.

* * *

Humboldt County Auxiliary has planned a Red Cross benefit to be held at the Eureka Inn, in April. Mrs. Manary will read a play recently seen on Broadway and now playing in San Francisco.

* * *

Kern County Auxiliary members entertained the wives of doctors attending the Postgraduate Conference in March. Luncheon was held in the Desert Room of the El Tejon Hotel in Bakersfield and Mrs. Harry O. Hund, State President, was guest of honor.

Dr. Wallace D. Hunt, of San Francisco, gave a talk on Civilian Defense and those interested in the medical procurement and assignment were invited to hear Dr. Harold A. Fletcher speak on "California Procurement and Assignment Service."

Later in the week, those attending the conference were entertained by a dinner dance in the Spanish Ballroom of the El Tejon Hotel.

* * *

Members of the Pasadena Auxiliary entertained the Los Angeles Auxiliary at Luncheon at the Annandale Golf Club in Pasadena in April.

The program was a Victory one, with patriotic music and decorations of red, white and blue lillies. General Lansing H. Beach was speaker and chose as his subject, "Patriotism, Theoretical and Actual."

The County Auxiliary has purchased type F Government bonds to the amount of $600.00. Mrs. William C. Boeck, President, announced that eighty-nine new members have joined the Auxiliary this year.

The home of Mrs. E. P. Gocher in San Rafael, was the setting of a "bring your husband dinner" which members of the Marin County Auxiliary enjoyed in April. The dinner party was followed by dancing or bridge for those who preferred to play cards.

The regular April meeting was held at the Blue Rock Hotel in Larkspur. Mrs. Chester DeLancy spoke on Cancer Control and the Auxiliary voted $10.00 to that fund. Mrs. Alex Miller, whose husband is attending physician at San Quentin, is County Commander for Cancer Control and has done a splendid piece of work in organizing the whole county.

Mrs. Katherine Means was speaker of the evening with "Recommended Reading" as her subject.

* * *

At the February meeting of the Merced County Auxiliary, Mrs. A. S. Parker gave an interesting description of the trip she and Dr. Parker made to the Hawaiian Islands in October. Mrs. Roy Peck reviewed the novel, "Dragon Seed" by Pearl Buck.

Mrs. Peck again entertained the members at the March meeting, held at the Tioga Hotel, when she read a very amusing monologue, "A Doctor's Wife at the Telephone."

* * *

San Francisco County Auxiliary held its annual dessert-bridge party at the County Medical Building on Washington Street, in April. The blue and gold of the University of California and the red and white of Stanford University were combined in decorative theme as the party was a benefit for the scholarships given each year to the medical schools of both colleges.

Mrs. Frederick D. Fellows was chairman for the affair with Mrs. Edmond Mahon as co-chairman, and Mrs. Maurice Korshet in charge of decorations.

* * *

Through the season, San Joaquin County Auxiliary has held a series of meetings in the homes of various members. A co-hostess plan was worked out, thus dividing the responsibility of these meetings.

Much has been accomplished in the various phases of war work, such as knitting, sewing and bandage making. Also, several of the members have been giving courses in home nursing and several are leaders in canteen and nutrition work. A successful year has been completed for Hygeia.

* * *

San Mateo County Auxiliary held its April meeting at dinner at the Benjamin Franklin Hotel with Dr. Ralph Soto-Hall of San Francisco heading the program. Dr. Soto-Hall is a faculty member of the University of California Medical School, and also Secretary to the Pan American Medical Society.

San Mateo is very proud of having an one hundred per cent membership of eligible wives.

* * *

Members of the Santa Barbara County Auxiliary met for luncheon at the El Paseo in April. Officers for the coming year were elected and delegates chosen for the State Convention at Del Monte.

Reports of the various war activities of the members were made and $10.00 was voted toward the "Snack Bar" run by the American Women's Volunteer Service."

* * *

A busy year is drawing to a close for Santa Cruz County Auxiliary. Wives of Medical Officers at Fort Ord and Camp McQuaide have been invited to attend the meetings.

Both war and social welfare work have been carried on extensively by the Auxiliary. $20.00 was contributed to the Red Cross and $25.00 to the Medical Benevolent

Fund. The Auxiliary commission for subscriptions to Hygeia was also given to the Benevolent Fund.

One member was appointed to investigate Child Welfare in the County. Support was pledged to the local schools for any special projects they might suggest. At present, the objective for the schools is to secure an audiometer.

Through the Women's Clubs in Watsonville and Santa Cruz, the Auxiliary has put on two Medical Education programs, one in each city, and also helped sponsor courses in nutrition in these cities.

The Auxiliary has also promised support to the local Defense Council.

* * *

*Additional News**

Meeting of the Board of Directors

The spring meeting of the officers and Board of Directors of the Woman's Auxiliary to the California Medical Association, held in the beautiful city of Santa Barbara, will long be remembered by those who had the privilege of attending. Mrs. C. W. Henderson, President of Santa Barbara County, and her committee devoted their time and energy in carrying out plans which made the three days' stay pleasant and interesting.

The business meeting was called to order on February 13, at 9:45 A. M., in the Mar Monte Hotel, by the president, Mrs. Harry O. Hund.

Answering the roll call were:

Officers: Mrs. Harry O. Hund, Mrs. F. G. Lindemulder, Mrs. Ralph B. Eusden, Mrs. R. K. Cutter, Mrs. Frank A. Lowe, and Mrs. Edmund J. Morrissey.

Councilors-at-Large: Mrs. R. Emerson Bond, Mrs. Rene Van de Carr, and Mrs. F. D. Hankins.

District Councilors: Mrs. Franklin Farman, Mrs. Louis A. Packard, Mrs. Kaho Daily, Mrs. Charles C. Landis, and Mrs. H. Randall Madeley.

Chairmen of Special Committees: Mrs. John C. Sharp, Mrs. Arthur T. Newcomb, Mrs. Hobart Rogers, Mrs. A. Lincoln Brown, and Mrs. K. J. Staniford.

The following County Presidents attended: Mrs. C. C. Landis, Butte-Glen; Mrs. J. R. Walker, Fresno; Mrs. Harry Hensler, San Rafael; Mrs. C. W. Henderson, Santa Barbara; Mrs. Norman Sullivan, Santa Cruz; and Mrs. W. C. Boeck, Los Angeles.

Mrs. Hund welcomed the guests and members and gave a brief résumé of work accomplished; after which she introduced Mrs. Clifford Wright, Mrs. Hobart Rogers, and Mrs. A. E. Anderson, past State Presidents, and the guest of honor, Mrs. R. E. Mosiman, President of the American Medical Association Auxiliary, who responded graciously.

During the morning, the reports of Officers and Committee Chairmen were given, and old business taken up and finished promptly. In the afternoon, reports of District Councilors were heard, new business was discussed, and important announcements were made.

Entertainment planned for the National President and the State President and her board, by the Santa Barbara group, included sight-seeing tours, a luncheon at the Mar Monte Hotel, a delightful tea at the home of Mrs. Henry J. Ullman, and a dinner at El Paseo.

* * *

County News Items

March 20 was set aside by Alameda County Auxiliary as a special guest day. "The Wookey," a modern Broadway comedy, was read by Mrs. Oscar Maillard Bennett. Mr. Charles F. Rice conducted the drawing of the raffle tickets on the needle-point pillow, which was made and donated by him. Proceeds were given to the Red Cross. Hostesses for the day were Mrs. Roy Nelson and Mrs. Kenneth Neilson.

Members of the Fresno County Auxiliary and their guests met at the University Sequoia Club on February 3. Mrs. J. R. Walker presided.

Miss Mildred Krohn, of the State Department of Public Health, spoke on nutrition.

Auxiliary members have been giving their time, every Monday, to working in the Parlor Lecture Club house, where surgical dressings are being made for the Red Cross. A First Aid class has been organized, and will meet at the home of Mrs. B. F. Walker.

* * *

Thirteen members of the Woman's Auxiliary to the Humboldt Medical Society were present at the March meeting, which was held at the home of Miss Pauline Dolfini. Mrs. Allan R. Watson presided.

The first of a series of play readings, given by Mrs. Gordan Manary, under the auspices of the Auxiliary, proved very successful.

It was decided that one field day be set aside, soon, for a defense project, the work to consist of bandage-folding.

* * *

There was no regular meeting of the Santa Barbara Auxiliary in February, the board voting to devote their time to State Board Activities. Another important event on the Santa Barbara schedule was the annual bridge tea, which was held at the Biltmore Hotel. This is the chief money-raising event of the year. The proceeds are used to support various projects, which have been greatly increased through defense work.

Officers of the Harbor Branch of the County Medical Association, and Doctor Robert Wilcox, Medical Director, Civilian Defense, Long Beach, were honored guests when the Los Angeles County Auxiliary met in the Pacific Coast Club on February 24.

Willis W. Bradley, Jr. Captain, United States Navy, and former Governor of Guam, was guest speaker. His subject was: "We've a War to Win."

The first Volunteer Nurse's Aide graduation class of the Long Beach Chapter, American Red Cross, was introduced.

* * *

At a special meeting on Tuesday, February 24, the Woman's Auxiliary to the San Francisco Medical Society had the privilege of hearing Doctor W. W. Bauer, Director of the American Medical Association Bureau of Public Health. Inasmuch as this was the only opportunity for representative groups of the City, to hear Dr. Bauer, an invitation was extended to the Presidents or representatives of Women's Clubs of San Francisco, and to officers of the various Parent Teacher groups of the city. The invitation was greatly appreciated, as evidenced by the number which responded. Tea was served, after the meeting, to about 150.

Dr. John Upton spoke on the work of the Blood Bank, which had received such impetus at a similar tea just a year ago when few people realized how important it would be to our own armed forces. Dr. Upton stressed the necessity for more donors.

At present 75 per cent of the San Francisco County Auxiliary membership is actively engaged in Ambulance Driving, A. R. P. duties, teaching classes, as nurses aides, as Staff Assistants are trained in elementary and advanced first aid, and help to staff the groups at the docks to provide transportation and care for the evacuees.

News Items

As a respite from a year of defense work, the members of the Fresno Auxiliary decided to make their

* Owing to lack of space, news items which follow were not printed in previous issues.

March meeting a social one. About thirty members enjoyed this occasion, at which one of the members, Mrs. L. R. Wilson, read one of the season's best plays, "The Power and the Glory," which had a theme both medical and topical.

* * *

New members were honored at the March meeting of the Los Angeles County Auxiliary, with a luncheon held at the Knickerbocker-Hollywood hotel.

Mr. Karl Holton, Chairman of Health, Welfare and Consumer Interest of Los Angeles County Defense Council, spoke on "Youth of War Time." The Auxiliary voted to buy bonds to the amount of six hundred dollars from the savings fund, in the name of the Auxiliary.

Also in March, the members of the Los Angeles Auxiliary were guests of the Harbor Branch Auxiliary at the Pacific Coast Club in Long Beach. Captain Willis W. Bradley, Jr., U. S. Navy and former Governor of Guam, was the speaker of the day.

Tables were gay with red, white and blue flowers and flags, and centering the speaker's table was a victory "V" of red carnations banked with white flowers. Mrs. Lucille Crispin, Volunteer Nurse's Aide of the first Nurse's Aide graduating class of Long Beach Chapter of the American Red Cross, spoke briefly of her work.

Among the honored guests were members of the Harbor Branch of the Los Angeles County Medical Association, Doctors Cottrell, and Beckstrand, and Doctor Wilcox, medical director for Civilian Defense.

* * *

The March meeting of the Santa Barbara County Auxiliary was held in the home of Mrs. Harry Henderson. It was a dessert-luncheon, with about forty members attending.

A financial report was given of the profits made at the Annual Bridge Tea held in March at the Biltmore Hotel. The sum of $27.50 was voted to the Red Cross War Relief Fund, and $50.00 to the Physicians' Benevolence Fund.

In addition to these donations, an electric clock will be installed at Hoff General Hospital in the Recreation Hall, as a gift from the Woman's Auxiliary. In accordance with its habit of former years, the Auxiliary will make its annual award of $10.00 to the graduate of Knapp School of Nursing, chosen for the "best bedside manner." It was considered advisable by the membership to maintain a substantial sum in the treasury for emergencies that might arise in connection with the war. In voting the Nurse's Award, it was decided that the usual $10.00 be given in defense stamps.

* * *

Card of Appreciation.—To the Editor of CALIFORNIA AND WESTERN MEDICINE, Dr. George H. Kress, we wish to extend our thanks and appreciation of his courtesy to the Woman's Auxiliary in handling our "News Items" each month.

We also thank the Publicity Chairmen of the counties throughout the State who have so regularly sent in their reports to us.

MRS. RENE VAN DE CARR,
Chairman of Publicity.
MRS. ROSSNER E. GRAHAM,
Assistant Chairman of Publicity.

There Is No Excuse for Smallpox Deaths.—Carelessness and ignorance are the only two reasons why any one should die from smallpox today, David Dietz, Cleveland, declares in the March issue of *Hygeia, The Health Magazine.* "There is complete and foolproof protection against the disease, a protection as simple as it is dependable," he continues. "It is, as every one knows, vaccination."

CALIFORNIA PHYSICIANS' SERVICE†

Beneficiary Membership

September, 1939	1,220
March, 1940	9,322
September, 1940	17,398
March, 1941	24,107
September, 1941	30,215
March 31, 1942	40,123

Annual Report*

PROFESSIONAL MEMBERSHIP

March 31, 1941	5,208
March 31, 1942	5,300

* * *

BENEFICIARY MEMBERS

March 31, 1941		March 31, 1942
23,527	Full Coverage	30,952
580	Two Visit Deductible	1,322
0	Surgical	6,717
0	Rural	1,132
Total 24,107		40,123

* * *

MONTHLY INCOME

March 31, 1941	$40,138.86
March 31, 1942	$56,585 00

* * *

ADMINISTRATIVE EXPENSE

March 31, 1941	$ 9,054.52—22.5%
March 31, 1942	$11,021.42—19.5%

* * *

(A) FULL COVERAGE CONTRACT

This was the original offering to the public. When offered jointly with a hospital contract, it cost $2.50 per month per member, of which $1.70 was for medical service and 80c for hospitalization. It provided complete medical and surgical care and included preventive as well as curative services.

This offering was discontinued in October, 1941. Reasons for this became apparent early in 1941. Statistics indicated:

that the contract was being purchased by a health conscious group in the upper of allowable income levels;
that use of service was unusually high (17 per cent incidence of illness—or approximately three times the national average);
that there was no indication that groups ripen—i.e., the early "clean up" of many undiscovered conditions does not necessarily improve a group from year to year;
that cost of medical care for the so-called physiological or chronic conditions has increased in recent years due to new techniques of treatment;
that there seemed to be no practical way of controlling abuses.

The above does not mean that all full coverage groups are bad for C.P.S. Figures (just completed) show that there are groups paying their way. These should be retained.

There are groups that are average. These will either be changed over to the new two visit deductible, with an

---

† Address: California Physicians' Service, 153 Kearny Street, San Francisco. Telephone EXbrook 0161. A. E. Larsen, M. D., Secretary.

Copy for the California Physicians' Service department in the OFFICIAL JOURNAL is submitted by that organization.

For roster of nonprofit hospitalization associates in California, see in front advertising section on page 3, bottom left-hand column.

* As of March, 1942.

increase in rates for females, or changed to the surgical contract.

There are groups that are below the average. These are being cancelled.

It is recognized that two years is not enough time to make definite actuarial conclusions. The smaller number of full coverage, with the bad risks out, will not give us a true cross-section. Nevertheless, it will provide the medium through which we may continue to observe the many complications of the practice of medicine as they relate to the difference between rural and metropolitan medicine, the general practitioner and the specialist, volume of referrals from doctor to doctor, the medical groups, and fee schedules.

* * *

(B) Two Visit Deductible Contract

Dues: male .....$2.00-1.20 C.P.S.—80c hospital
female .....$2.30-1.50 C.P.S.—80c hospital

Female dues were raised from $1.20 to $1.50 in October, 1941.

This contract was designed to eliminate the cost of trivial complaints. The requirement of a cash outlay for the first two visits places a responsibility upon the prospective patient. Beyond this, full coverage benefits are allowed. Our experience with this, while not large, indicates that it is producing the desired result. The incidence of illness requiring care under the contract is only 3.8 per cent (as compared with 17 per cent on the full coverage). The cost per case is higher than the full coverage, which is an indication that we are caring for illnesses of more consequence.

This contract more nearly approaches the present habits of the general public in their use of medical service. To date it is producing a unit value of $2.25.

* * *

(C) Surgical Contract

Dues: male .....$1.15- .50 C.P.S.—$ .65 hospital
female .....$1.40- .75 C.P.S.—$ .65 hospital
family .....$3.90-2.00 C.P.S.—$1.90 hospital
(husband and wife, one or more children)

This was designed for large industrial groups. Our contact with the public during these past two years has demonstrated the necessity for some form of family coverage. In considering this demand our approach has been the complete opposite of the earlier full coverage. It seemed wise to begin with coverage for major illnesses only. The low cost would then appeal to the so-called low income group. Our figures, plus those from other medical service plans, provided the needed information to design this contract on a sound actuarial basis.

C.P.S. here is responsible only for surgical procedures, fractures and dislocations. Hospitalization is provided for both surgical and medical cases. Thus "catastrophic" illnesses are covered.

General Motors Corporation employees and dependents, totaling 7,594 persons, were enrolled in December, 1941. Future large volume of the same type will be acquired under this contract. Our experience to date reveals an incidence of illness of 0.8 per cent (compared with 17 per cent full coverage, 3.8 per cent deductible). The cost per case, of course, is much higher, and the gross income is less. This group has produced a unit value of $2.00 to date.

* * *

(D) Rural Health Program

Number in Family	Annual Dues
Dues: One	$30.00
Two	42.50
Three	46.00
Four	49.00
Five to nine or more	from $51.50 to $60.00

This program was worked out in coöperation with the Farm Security Administration. Only those families meeting the loan regulations of the F.S.A. were eligible to participate. This automatically controlled income and produced low income families in the community who were being helped by the government to rehabilitate their farms.

Negotiations as to cost were entered into between C.P.S. and the regional office of F.S.A., and resulted in approval from Washington.

The project was presented to local medical societies for their approval.

The F.S.A. field staff handled all contact with the families, made collections and arranged for loans. Thus C.P.S. had no "sales" expense.

The contract offered these families may be high-lighted as follows:

Emphasis and benefits directed toward youth.

Home care—families pay $1.50 in cash toward first call.

Chronic conditions—excluded in adults; covered for minors.

Surgery—pre-existing and non-emergent conditions excluded in adults; covered for minors.

X-ray and lab—wherever necessary.

Hospitalization—limited to ten days.

Obstetrics—medical fee paid, but hospital limited to abnormal cases only.

Drugs—C.P.S. pays for medication over $1.50.

262 families, or 1,132 persons, in three areas centered around Butte, Sonoma and Monterey Counties enrolled June 1, 1941.

To date the experiment has been quite successful. It has met with approval of the people, the government and the doctors. It will pay out very close to 100 per cent of the maximum fee, or $1.50 per unit.

Because of the success of this experiment, F.S.A. on April 20, 1942, renewed its contract with C.P.S. Some modifications were made—care for chronic conditions extended on a limited basis, partial cost for obstetrical cases in hospitals added, and the dues raised.

Instead of restricting the program to the three areas, it will be offered on a state-wide basis, giving the program possibility of enrolling 35,000 such families.

* * *

(E) War Industries

National Housing Agency—Federal Housing Authority

Everywhere in the United States new communities are appearing around old and new industrial areas. Labor is migrating. In order to stabilize this labor the National Housing Agency has built thousands of homes on federal property. Homes are rented to labor by the government. In most instances little or no medical facilities are available. Local physicians are overworked and the government is becoming increasingly concerned with the health of the workers. Public Health authorities fear epidemics starting in such centers and spreading. Attention was early focused on San Diego area, which contains the largest of such units.

The United States Public Health Service has been given the responsibility to provide necessary medical care and public health facilities. It has been stated that this would be done through their own personnel if other plans could not be worked out.

The administrative members of C.P.S. in San Diego envisioned this a step toward government medicine. Since C.P.S. was created for the purpose of preventing just this, the job was given to it to work out an alternative plan.

Representatives of C.P.S. went to Washington, D. C., and conferred with officials of U.S.P.H.S. and the Federal Housing Authority. A basic plan was approved. This was presented to the San Diego County Medical

Society and again approved. A special committee of San Diego physicians was appointed to work with C.P.S. The basic plan was modified and includes the following provisions:

Cost: $60 per year per family.

Benefits: Complete medical and surgical care, with limitations on chronic conditions in adults; a waiting period of ten months for obstetrics.

Hospitalization: In coöperation with the Hospital Service of Southern California on a cost basis. Limited to fourteen days, and partial payment on obstetrical cases after ten months' waiting period.

Method of Providing Care: The National Housing Agency will construct suitable facilities on the project, which will be rented to C.P.S. (temporary quarters provided to begin with).

C.P.S. will employ full time physicians, subject to the approval and under the direction of the local County Society committee.

They will work in the medical center caring for ordinary illnesses, referring the more serious ones to local physicians.

Results:

Plan began operations May 1, 1942, at Linda Vista Project, San Diego.

There are about 3,000 families, or 12,000 persons, living on the project.

The need has been met through the efforts and machinery of the medical profession, which will have control at all times.

Through C.P.S. it ties the medical profession directly into the war effort with a pattern to meet this unusual need which may well be extended to other parts of the state.

* * *

SUMMARY

The foregoing demonstrates diversified experiences with different types of medical coverage for:

the metropolitan white collar group,

the industrial worker,

the farmer,

the migratory industrial war worker.

These experiences, properly analyzed from both the actuarial and human side, have given us reliable data to direct future growth on a sound basis which will go a long way to help solve this riddle of providing such coverage at a fee which is attractive to the public, on the one hand, and acceptable to the doctors, on the other.

Growth of program has been relatively slow. This may be regarded as fortunate. It has given time to become oriented. Any mistakes made would be on a small scale. During this time any changes made had to give due consideration to the relation between income and overhead.

To maintain a state-wide organization in the face of probable rapid expansion requires a certain irreducible minimum of administrative expense. This requirement has definitely affected the possibilities of radical changes in the past. C.P.S. has recently reached the point where these may now be safely made. (See proposals re full coverage.)

By and large the professional members of C.P.S. have had a tolerant understanding of the program. Every attempt has been made to bring to them as much information as possible. Reports have been sent to County Medical Society Coördinating Committees throughout the state. Financial statements, with notes regarding significant events and actions by the Board of Trustees, have been enclosed with each check sent to a professional member. A review of the reasons for changes in the set-up was sent to all professional members in October, 1941. The Medical Director has toured most of the state, contacting administrative members and on invitation appearing before County Medical Societies or their committees.

This report is submitted to you for the purpose of summarizing and clarifying events of the past year and to orient the profession on the future course of California Physicians' Service.

Respectfully submitted,

RAY LYMAN WILBUR, M.D., *President.*
A. E. LARSEN, M.D., *Secretary.*
For the Board of Trustees of C.P.S.

* * *

STATEMENT OF RECEIPTS AND EXPENDITURES
Fiscal Year Ending March 31, 1942

Receipts:		
Membership Dues Collected	$617,288.81	
Beneficiary Member — Registration Fees	2,452.40	
Professional Member—Registration Fees	1,070.00	
	620,811.21	
Interest from Investments	134.68	
	$620,945.89	—100.0%
Medical Services Rendered:		
Laboratory and X-Ray —Dollar Costs	$ 33,572.72	
Medical and Surgical—Unit Costs	438,812.23	
Total Services Rendered	472,384.95	— 76.1%
Administrative Expenditures:		
Acquisition	$ 27,753.33	
Collection	4,929.96	
Contributions to Employees' C.P.S. Dues	96.55	
Depreciation—Furniture and Equipment	1,654.65	
Equipment Rental	4,569.79	
Express and Drayage	197.19	
Insurance	807.16	
Legal	4,155.83	
Miscellaneous	1,629.16	
Office Rent	5,109.25	
Office Stationery and Supplies	1,595.50	
Postage	3,030.43	
Printed Forms	5,468.32	
Salaries	48,167.05	
Taxes	1,837.55	
Technical Fees (C.P.A. Service)	750.00	
Telephone	2,626.47	
Telegraph	44.66	
Traveling	2,849.76	
Rural Health Program—Direct Expenditures	312.25	
Total Administrative Expenditures	$117,584.86	— 18.9%
Total Expenditures	$589,969.81	
To Unit Stabilization Account	$ 30,976.08	— 5.0%

MISCELLANY

Under this department are ordinarily grouped: News Items; Letters; Special Articles; Twenty-Five Years Ago column; California Board of Medical Examiners; and other columns as occasion may warrant. Items for News column must be furnished by the fifteenth of the preceding month. For Book Reviews, see index on the front cover, under Miscellany.

NEWS

Coming Meetings.†

California Medical Association, Hotel Del Monte, Del Monte, California. Date for 1943 Session not yet decided.

American Medical Association, Atlantic City, June 8-12, 1942.

The Platform of the American Medical Association

The American Medical Association advocates:

1. *The establishment of an agency of Federal Government under which shall be coördinated and administered all medical and health functions of the Federal Government, exclusive of those of the Army and Navy.*

2. *The allotment of such funds as the Congress may make available to any state in actual need for the prevention of disease, the promotion of health, and the care of the sick on proof of such need.*

3. *The principle that the care of the public health and the provision of medical service to the sick is primarily a local responsibility.*

4. *The development of a mechanism for meeting the needs of expansion of preventive medical services with local determination of needs and local control of administration.*

5. *The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.*

6. *In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.*

7. *The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.*

8. *Expansion of public health and medical services consistent with the American system of democracy.*

Medical Broadcasts*

Los Angeles County Medical Association:

The following is the Los Angeles County Medical Association's radio broadcast schedule for the month of May, 1942:

Saturday, May 2—KFAC, 8:45 a.m., Your Doctor and You.
Saturday, May 2—KFI, 11:30 a.m., The Road of Health.
Saturday, May 9—KFAC, 8:45 a.m., Your Doctor and You.
Saturday, May 9—KFI, 11:30 a.m., The Road of Health.
Saturday, May 16—KFAC, 8:45 a.m., Your Doctor and You.
Saturday, May 16—KFI, 11:30 a.m., The Road of Health.
Saturday, May 23—KFAC, 8:45 a.m., Your Doctor and You.
Saturday, May 23—KFI, 11:30 a.m., The Road of Health.
Saturday, May 30—KFAC, 8:45 a.m., Your Doctor and You.
Saturday, May 30—KFI, 11:30 a.m., The Road of Health.

U. C. Medical School Hastens Doctor Training.—A further speed-up in the production of doctors by the University of California Medical School, marked by the graduation of the largest class in the history of the institution in May, was announced today by Dean Francis S. Smyth.

In May, 111 doctors, approximately twice as many as have ever been graduated in one class before, will receive M. D. degrees, and in June the Medical School will go on a three-semester per year basis. The speed-up is designed to meet the doctor demand created by the war.

Attendance in all three semesters in the medical school will be compulsory, reducing the training period from four to three years. It is not compulsory for pre-medical students to attend all three semesters in the University; however, if they do attend three semesters per year they will be able to cut the pre-medical training from three to two years, and thus be able to receive their M. D. degrees in five years.

Reason for the large increase in the number of graduates in May is that two classes will receive degrees. The Medical School has eliminated the interne year required for an M. D.

The last class to serve a required interne year and the first to receive the M. D. without the interne year will graduate at the same time. The interne rule is not required for an M. D. by most grade A medical schools in the U. S., and the University of California was one of the few having the rule.

The interne rule was eliminated largely to aid in the national war effort. Although the armed services do not take doctors who have not gone through interneship, it was pointed out that graduates can receive this training by serving in posts in hospitals, which will relieve qualified doctors for duty.

The Medical School's speed-up in the production of doctors for the war effort was started last year, when the number of students admitted in each class was increased from 62 to 72.

It was estimated that approximately 40 of the doctors graduating in May, or most of those graduating with an interne year to their credit, will go immediately into the armed forces.

Pearl Harbor Doctor Lauds Sulfanilamide.—The medical officer in command of the United States Naval Hospital at Pearl Harbor when the Japanese attacked reported today that free use of sulfanilamide powder on serious battle wounds had exploded the belief that six hours was the time limit for successful surgical treatment of such wounds.

Capt. Reynolds Hayden, who has reported for duty as

† In the front advertising section of *The Journal of the American Medical Association,* various rosters of national officers and organizations appear each week, each list being printed about every fourth week.

* County societies giving medical broadcasts are requested to send information as soon as arranged (stating station, day, date and hour, and subject) to CALIFORNIA AND WESTERN MEDICINE, 450 Sutter Street, San Francisco, for inclusion in this column.

district medical officer of the 3rd Naval District with headquarters in New York, said that experience gained during the Pearl Harbor attack showed that sulfanilamide therapy "is revolutionizing the treatment of wounds."

"Massive, lacerated wounds, sometimes complicated by severe compound fractures, and which had received only the barest essentials of preliminary surgery plus sulfanilamide powder freely in the wound, were operated upon the second or third day after injury with excellent results," Captain Hayden said.

The hospital staff handled casualties at the rate of several a minute during the first three hours of the attack, Capt. Hayden declared.

One of the lessons learned, the officer added, was that clothing offers considerable protection against "flash" burns from the explosion of large bombs. Men who wore undershirts and shorts had face, arm and leg burns while those fully clothed suffered only face and hand burns.

"At the time of the air raid many men aboard ships dashed to their battle stations without waiting fully to dress," he said, adding that some who died might have lived had they been fully clothed.

The encasement of severely wounded extremities in plaster—known as Orr's technique—proved especially valuable, Capt. Hayden said, because it promoted healing as well as making the patient available for transportation.

He said the hospital staff was divided into watches and "worked the clock around for 10 days."

Geared to the Times.— One of the biggest war jobs is that of the medical profession.

Many thousands of doctors have been called into army service. Other thousands are giving a considerable part of their working time to governmental bodies of a military and quasi-military nature. In most cases, this involves a financial loss for the doctor. But you don't hear him complain. He realizes the responsibility that is his, and he means to discharge it, irrespective of his own individual welfare.

War also makes the task of guarding civilian health far harder. Millions of men will work long hours at arduous jobs. A considerable proportion of these men are leaving office positions which involved no particular physical strain, to take industrial work where muscle and stamina are required. Many of them will be exposed to the inclement weather, and to extremes of heat and cold. On top of that, plans are being made to enlist women by the thousands for certain industrial operations which once belonged exclusively in the male province. Keeping these legions of people healthy under the rigors of war conditions, is a mighty difficult undertaking.

The American system of private medicine will show the stuff it is made of. That system has given us the highest general level of health in the world. It has permitted every doctor to go as far as his abilities and ambitions allow. It is geared to the onerous demands of these discordant times.—Alameda *Times-Star*, April 13.

Not the Time.— A definite campaign is under way to extend the Social Security Act to an extent never intimated when it was passed—and to an extent which would work a revolutionary change in American life.

Some time ago the chairman of the Social Security Board told Congress this: "Our eventual goal should be the establishment of a well-rounded system of social insurance to provide at least a minimum security to individuals and their families due to unemployment, sickness, old age and death. . . . Medical care should be available to individuals and their families so that we may build a healthier, happier nation."

Those are persuasive words. But, underlying them, is this apparent purpose: some kind of a system of compulsory sickness insurance. And that, if it ever comes to pass, must inevitably end in socialized medicine on a tremendous scale—with all the political regimentation and reduced individual incentive that would entail.

The American system of private medicine has produced dividends for all the people—in longer, happier, healthier lives. This American system has resulted in medical progress and discoveries which have tremendously reduced the average death rate over a period of years. The typical doctor gives much of his working time to serving patients who can pay him little or nothing. A superb voluntary hospital system has been built up throughout the country, to give the best and most sympathetic medical aid to all, regardless of their financial means.

This is not the time to dislocate a system of medical care which has produced such fine results. This is not the time to distract the attention of the people and the Congress with proposals which have no bearing on the incredibly difficult job of winning a war which comes ever closer to our own territorial borders.—Fortuna *Beacon*, April 3.

Health Insurance: No Sale.—During the seven years of its existence, the Social Security Board has become the largest governmental agency fostering medical legislation in the United States.. This feature of the Board's activities has only lately begun to take prominence alongside its main operations in old age and unemployment insurance.

As a medical factor, the Social Security Board possesses tremendous influence, according to doctors who are critical of part of its program. Now the board seeks an enormous expansion of social insurance in the medical field.

One of the Board's functions, it states in its recent annual report, is the "examination of further developments toward social security, such as health and disability insurance and the provision of medical care."

For this purpose it has a staff making studies under its Bureau of Research and Statistics. Among the first of the duties of the Bureau is listed:

Planning and conducting inquiries and analyses relating to problems of health, sickness, and disability, including study of the extent and character of these risks, exploration of methods of providing social security against them, and preparation of analyses and recommendations as to effectiveness, cost, and practicability of alternative measures.

In addition the Social Security Act introduced the granting of Federal money to the States for public health services. The Federal grants are matched by the States. Much of this goes to new public health services in rural areas. The number of counties thus served with full time medical supervision, principally county boards of health, has been raised from 594 in 1935 to 1,669 last year.

Larger Federal appropriations have also been given under the Social Security Act to maternal and child health and welfare services, aid to the blind, and services for crippled children, the States matching the Federal grants. All this latter work is non-controversial.

The promotion of compulsory sickness, disability, and hospital insurance, however, has brought opposition from the organized medical profession. It has by no means commended itself to all who would come under its provisions or have to pay its cost. The temper of Congress obviously indicates that the country does not want com-

pulsory medical insurance, with its vast social consequences and expense, to be added to the great and undigested program of social insurance already in effect.—*The Christian Science Monitor,* April 10.

Increase in Hospital Beds.—American hospitals grew three times as fast last year as during the previous 31 years, according to the 21st annual hospital survey of the Council on Medical Education and Hospitals of the American Medical Association.

For 31 years, the report says, the average net increase in hospital facilities was around 25,000 to 30,000 beds each year. The increase between the censuses of 1940 and 1941 was 98,136 beds, which is "astonishing even for this unusual period."

Results of a survey in January of this year of blood and plasma banks in approved hospitals showed that 462 of 1070 such hospitals either had one or the other of these facilities or were in the process of establishing them.

Two hundred and six hospitals maintain both blood and plasma banks, with 17 others in the process of development. In addition, there are 171 hospitals operating plasma banks and 33 separate institutions with blood banks.

Gracious Testimonial.—Testimonials of esteem usually take the form of elaborate and indigestible dinners, handsome and rather useless loving cups, or well meant, but often undecorative monuments.

The friends, colleagues and pupils of Dr. Harold Brunn of the University of California Medical School and Mount Zion Hospital have prepared a different sort of testimonial for this distinguished San Francisco surgeon and teacher of surgery.

It takes the form of a thick book entitled "Medico-Surgical Tributes to Harold Brunn," just published by the University of California Press, with a foreword by the president of the university and a preface by Dr. Langley Porter.

The book contains 571 pages of essays on various aspects of surgery and medicine, fully illustrated with photographs and diagrams, written by Doctor Brunn's pupils and friends.

It is a rare form of testimonial, and the best proof that it is deserved is found in the type of men who have contributed to the volume. Only a man of distinction and character could inspire such a book.—San Francisco *Examiner,* April 21.

California Licentiates.—Seventy California men qualified for State medical licenses as physicians and surgeons by passing the written medical examination March 3-5 at Los Angeles, the State Board of Medical Examiners announced today.

A total of 85 applicants took the written tests. Included were several graduates of outstanding European medical schools.

Highest mark went to Howard Francis Wilkins, 414 West 75th Street, Los Angeles, a graduate of the University of Southern California School of Medicine last year. His score was 87 2-9 per cent. An average of 75 per cent is required to pass.

Among the successful applicants were:

Los Angeles—Jackson Arthur Barton, Helen Ruth Beiser, Harold Louis Briskin, Henry Heron Caraco, James Timmons Dresser, Douglas Richard Drury, Robert Leslie Ellenburg, John Edward Esnard, David Fogel, Richard Paul Forinash, John Lamber Gaspar, Alex Gerber, Benjamin Franklin Gregory, Stanton Luis Goldstein, Paul Guggenheim, Lowell Irvin Hill, Leonard Schomer Krause, Edward Le Moncheck, Woodrow Ernest Lomas, Joseph Everett Maschmeyer, Frank McCarry, Emery Imre Pick, Paul John Reinsch, Sakaye Shigekawa, Paul Norton Smith, Melvin Lawrence Sommer, Peter Stepanovich Soudakoff and Howard Francis Wilkins.

San Francisco—Manuel Barbosa, Max Baum, James Alexander Hamilton, Ernst Koenigsberger, Francis William Lanard, Charles Emil Peacock, Leonard Joseph Petrucci, Otto Schwalb, Adrian Russell Magill Sears, Earl Harvey Smith, Karl Violin and Jacob Wenig.

Santa Barbara—John Brodie, Harold Victor DeMars, Frederick Sheets Lorenz, Hugh Stephens.

San Jose—Walter Henry Buel, David M. Clough, Alphonse Jacob Dingacci.

Oakland—Leo Marshall Columbus, John Malcolm Ellis, George Junior Bulkley, Rufus Capers Rucker, John Ewin Stewart.

San Bernardino—Harris Filmore Bunnell, Guy Morgan Halsey, Alfred Otto Heldobler.

Hollywood—Arthur Lawrence Cummings, George Kauffman, Leslie Simmonds.

Santa Ana—Duane Varner Mock.

Modesto—Charles Herman Ransom.

San Diego—Herbert Carlyle Sanderson and Vernon James Wyborney.

Santa Monica—Jean Duncan Purcell.

Only two successful applicants for licenses as drugless practitioners were Milton Trager and Garry A. White, both of Los Angeles.—San Francisco *Chronicle,* May 4.

Pharmacological Items of Potential Interest to Clinicians (From the U. C. Pharmacologic Department):

1. *From Boston:* Federation of American Societies for Experimental Biology issue first number *Federation Proceedings* in 200 pages like *Chem. Abstr.* G. H. Acheson and O. D. Ratnoff show tetanus toxin ascends nerve trunks to cord. A. M. Baetjer and F. J. Vintinner report dust inhalation reduces susceptibility to pneumonia. K. F. Beyer finds ascorbic acid protects against liver injury. E. B. Carmichael, M. W. Green and T. Koppanyi find cross tolerance between barbitals and pentothal. D. R. Climenko, H. L. Andrews, R. C. Batterman and C. K. Himmelsbach report on spasmolytic and analgesic powers of 1-methyl-4-phenylpiperidine-4-carbonic acid ethyl ester ("Demerol" Winthrop) having some relation to atropine and morphine; contrary to press reports, it gives euphoria and is therefore potentially addictive. W. F. Windle advises late clamping of umbilical cord to preserve blood volume of new born. S. Freeman finds aluminum hydroxide ingestion reduced iron absorption thus causing anemia. H. Greengard and A. C. Ivy find no reactions in compatible blood transfusions when both donors and recipients are fed or fasted, but reactions are frequent if donors are fed and recipients are fasted or vice versa. W. J. Meek notes cardiac irregularity increases with cyclopropane concentration. R. K. Richards confirms M. Tainter's observation that sodium bisulfite (allowed by USP for stabilizing) increases epinephrine toxicity. N. T. Werthessen finds estrogen excretion reduced in dysmenorrhea. J. C. Andrews and C. E. Anderson note enzymatic metabolism of quinine and suggest resulting product is the effective anti-malarial. W. Westerfeld, E. Stotz and R. Berg find sodium pyruvate greatly hastens oxidation of alcohol; amount needed in humans would be an ounce or so. S. A. Peoples reports thyroxin markedly reduces duration of pentabarbital anesthesia. N. David and N. M. Phatak show that organic iodine medication raises maternal blood iodine but not fetal. W. Pommerenke finds iron orally given in pregnancy within an hour in fetal blood. C. W. Walter and R. Z. Schulz find magnesium and its alloys cause pneumo-granulomatous reactions when imbedded in tissues.

2. *New Books in Neurology:* W. Freeman and J. W. Watts, *Psychosurgery: Intelligence, Emotion and Social Behavior Following Prefrontal Lobotomy for Mental Disorder,* C. C. Thomas, Springfield, Ill., 1942. *Diseases of the Basal Ganglia,* Res. Pub. 21, Assoc. Res. Nervous and Mental Diseases, Williams & Wilkins, Baltimore, 1942. O. Larsell, *Anatomy of the Nervous System,* Appleton, New York, 1942. F. A. Mettler, *Neuro-anatomy,* Mosby, St. Louis, 1942.

3. *From Down-Under:* M. Henderson and B. Splatt by thorough study (*Med. J. Austral.,* 1:185, Feb. 14, 1942) demonstrate value of Quick's hippuric acid excretion test (*Arch. Int. Med.,* 57:544, 1936) as an index of liver function, and naturally the utter unreliability of the Takata-Ara test. J. M. Pereira (*O Hosp.,* 21:123, 1942) confirms

A. D. Speransky (*Arch. Sc. Biol. Moskau*, 34:365, 1940) that procaine block of lumbar sympathetic helps gastroduodenal ulcer. L. Dexter and E. Braun-Menendez report 6 to 40 per cent urinary excretion of 300 to 1000 units of renin within few hours of IV injection (*Rev. Soc. Argent. Biol.*, 17:394, Nov. 1941). H. and R. Croxatto suggest that hypertensin and pepsitensin are phenolic polypeptides (*Ibid.* p. 439). R. E. Mancini and R. C. Bany demonstrate glycogen in neutrophiles varying with duration of hypo or hypergiycemia.

4. *Notes:* G. Lehmann and P. K. Knoefel (*J. Pharmacol.*, 74:274, 1942) in studying long series of "Trasentin" relatives, find diphenylene acetic acid ester of diethyl amino ethanol potentially useful antispasmodic. H. M. Morris, A. A. Nelson and H. O. Calvery (*Ibid.* p. 266) find long continued daily administration of small amounts of various glycols results in potential kidney injury and urinary calculi from all but propylene glycol. L. J. Pollock et al. (*Proc. Soc. Exp. Biol. Med.*, 49:159, 1942 find nicotinamide, phenylcinchoninic acid and aminoacetic acid effective in controlling metrazol convulsions. L. A. Rantz (*Ibid.* p. 137) finds pamino-benzoic acid only growth-promoting agent capable of inhibiting sulfonamide. W. D. Armstrong (Ibid. 169) finds b-glycerophosphate helps fracture healing.

Press Clippings.—Some news items from the daily press on matters related to medical practice follow:

C.P.S. Doctors Extend Aid

California Physicians' Service today announced its program of low cost health protection would be extended and made available to approximately 35,000 California farm families through an agreement with Federal Farm Security Administration.

FSA agreed to make loans to farm families whose net income is not more than $2000 a year to enable them to pay membership fees in the service through "farmers health associations." The plan was tried experimentally for a year in seven counties through three associations.

C.P.S. was established by the California Medical Association.—San Francisco *News*, April 23.

* * *

San Francisco Health Plan Pays 100 Pct.

Parity payment for doctors' services in the Municipal Employees Health Service System, for the first time since organization of the health insurance plan three years ago, was announced yesterday.

Following a meeting of the health service board, F. M. Robinson, secretary, announced the board had approved February payments of $27,033. This meant that physicians active in the service received full payment for medical aid. January payments had been at the rate of 82 cents on the dollar.

Dr. John W. Cline, president of the San Francisco Medical Society, declared:

"We are hopeful that this opens a new era in the municipal employees' health insurance system in which the parity unit will be the rule rather than the exception."—San Francisco *Examiner*, April 22.

* * *

Hospital Service

Plans to expand its humanitarian system until practically every man, woman and child in Southern California is reached, were being worked on today after they were outlined last night at the annual banquet of the Hospital Service of Southern California, a Blue Cross unit, in the Blossom Room of the Roosevelt Hotel.

Forty-four thousand persons are registered in the plan here, Neil Petree, president fo Barker Bros., the toastmaster, declared. More than $518,000 has been paid to the 59 hospitals who are members of the organization. More than 100,000 members have received the hospital service. Of the 1800 employes of his firm, 1200 are members, he said.

Doctors Coöperate

Under the new expansion plans the Hospital Service is coöperating with the California Physicians' Service, also a nonprofit organization of California doctors. Here is how the plan works:

Any group of 35 or more, such as teachers, employees of a firm, members of an association or such, may join. For monthly payments of $1.15 for a single man to $4 per month for a family, there is guaranteed in case of illness to any members of the family, during the year, 21 days of complete free service in any hospital they choose, plus the surgical care such as an operation for appendicitis, x-rays, anaesthetics, etc. The members may choose any doctor, including the family physician, if so desired, at no cost.

Small Cost

For the Hospital Service plan alone, the cost is 65 cents per single person to $2 per family.

"Hospitals and physicians throughout the United States now make it possible for the individual to budget the cost of hospital and medical care, thus making these services available for a few cents per day per family," said John R. Mannix, executive director of the Michigan Hospital Service and principal speaker.

"During the past few years, 2,000,000,000 hospital bills exceeding $100,000,000 have been paid. Hospital service for 250,000 new born babies has been paid for by these plans."—Los Angeles *Herald-Express*, April 7.

* * *

The Doctor Goes to War

Already, with the war but a few months old, nearly ten per cent of all the physicians and surgeons licensed to practice in California are in service with the armed forces.

And already American military doctors have accomplished miracles of healing undreamed of in the first World War. Pearl Harbor statistics show that there was not a single unnecessary death as an aftermath of that disaster. The only amputations were necessitated by the nature of the injury—with not a single amputation from infection! Handling hundreds of emergency cases under enemy fire, the valiant doctors and nurses saved every life that could have been saved. Blood serums were ready; everything medical was in readiness. Military men were caught napping at Pearl Harbor. But the medical corps was not!

The American doctor has always gone to war readily and served with distinction whenever his country has called, although the material sacrifice of the doctor in giving up a practice requiring years of building, is greater than that of most civilians. Every parent of every boy overseas may take comfort in the fact that a medical man as good as the family doctor at home—and probably very much like him—will be on hand if trouble comes.—Crescent City *American*, April 10.

* * *

Arts of Killing and the Arts of Living

If only we could advance as fast in the science of living as we do in the sciences practiced in laboratories! For as long as any except the older ones among us can remember, the chief thing we have done with life is to use the products of science to destroy it. . . . Two great wars have slaughtered men with weapons which science has made ever more efficient. A vast war-borne epidemic killed more people after the last war than guns had killed during it. . . . Yet, precisely during these three dceades of the disruption of the institutions of life have come the greatest advances in the knowledge of things and the mastery of the forces that operate them. . . . But during that same period our men of the other sort of mind delved further into the mysteries of nature than ever before, and our engineers and practitioners or action put their discoveries to our service. . . . In that time we have learned all we know about vitamins, and the use of that knowledge for the first time has a better guide than instinct or appetite for the primary process of life, which is eating. In medicine we have made perhaps the greatest progress of all. The art of medicine used to be the accumulation of experience, in the recognition and care of familiar diseases, and the search for "remedies" to "cure" those diseases. At the beginning of the era we are discussing, we had learned the bacterial cause of many diseases, and had developed some serums, vaccines, toxins and anti-toxins to deal with them. But our drugs for specific "cure" grew fewer and fewer. Physicians specialized on diagnosis, so as to use more appropriately what remedies and treatments were known. Now, suddenly—following certain purely "theoretical" researches of "pure" science—we have new discoveries of literally miraculous curative drugs, at a rate so explosive that the medical journals and even the newspapers can scarcely keep up with them. If we had made as much progress in curing war as we have in curing disease, the millennium would have arrived. . . .—Chester Rowell in San Francisco *Chronicle*, April 23.

MEDICAL JURISPRUDENCE†

HARTLEY F. PEART, ESQ.
San Francisco

Financial Obligations of Physicians About to Enter Military Service

IN order to expedite national defense and to protect persons entering the military service from any resulting drastic reduction in their income, provision is made in the Soldiers' and Sailors' Civil Relief Act of 1940 to suspend enforcement of certain civil liabilities of persons entering military service, and to suspend temporarily legal proceedings and transactions which may affect them prejudicially. Physicians and surgeons entering the Medical Corps of one of the branches of the armed forces may receive the benefits of this Act, and should consider its provisions prior to closing their affairs and entry into the armed forces. The following is a very brief summary of the pertinent sections of the Act.

GENERAL RELIEF

In the event that a judgment by default in any court action is entered against any person in military service and it appears that such person was prejudiced by reason of his military service in defending the action, within 90 days after termination of the military service the defendant so prejudiced, or his legal representative, may apply to the court and be granted leave to enter any defense that he might have. In addition to this the court may, on application of the person in military service or someone on his behalf, stay execution of any judgment and vacate any attachment levied on a person in military service, if it is shown that by reason of the defendant's being in military service his ability to discharge his obligation is materially affected.

The statute of limitations will not run against any person during his term of military service.

In the event that a member of the armed forces incurs a penalty for failure to perform the terms of a contract upon which he is obligated, the court may relieve against enforcement of such penalty, if his ability to pay or comply with the terms of the contract has been impaired by reason of military service.

RENT, INSTALLMENT CONTRACTS, MORTGAGES

Where the rent of premises occupied by the dependents of a person in military service does not exceed $80.00 per month, the owner may not evict the tenants except upon leave of court; and in its discretion the court may delay the eviction for a period of three months.

The seller of real or personal property may not repossess the property sold to a person *prior to his entry into military service* without first bringing an action in a proper court to do so. Where substantial payments have already been made on the property, the court may require the seller to repay the amount of prior installments before allowing repossession. The court may also order a stay of proceedings upon application by any person on behalf of the defendant.

With respect to installment contracts for the purchase and sale of automobiles, the court may not stay proceedings to recover possession unless at least fifty per cent of the full purchase price has been paid.

Persons having mortgages or trust deeds on their real property may apply to the proper court for a stay of proceedings in the event that a foreclosure action is commenced after entry into military service. The application may be made on behalf of the person in military service by a friend, relative, etc. The obligation secured by a mortgage or trust deed, however, must have originated prior to October 17, 1940, the date on which the Act became effective.

INSURANCE

Holders of life insurance policies are only protected by the Soldiers' and Sailors' Civil Relief Act for an aggregate amount of life insurance up to $5,000, and in order to avoid a loss of policies up to this amount for non-payment of premiums, they must make application to the Veterans Administration on forms provided by this agency. On entering military service, if application is made on the proper form, with respect to policies *issued at least thirty days before enlistment*, it is provided that no such policy shall lapse or be forfeited for non-payment of premiums during military service and for a period of one year thereafter. The United States Government guarantees the payment of premiums during this period and is subrogated to the rights of the insurance company against the policy holder.

There are certain other conditions with respect to the types of policies and insurance companies covered, and this information, with respect to the particular policy, can be obtained from the company issuing the policy. All delinquent premiums with interest at six per cent must be paid by the insured within one year after he leaves the military service.

TAXES

If a member of the armed forces owning real property, or any person in his behalf, files an affidavit with the Tax Collector showing that a tax on such property has been levied and is unpaid, and that his ability to pay is materially impaired by reason of his service, he is afforded certain benefits. The property may not be sold for taxes without leave of court, and the court, on application, may delay the sale or, in the event that a sale is held, the property owner's right to redeem is extended for six months after his leaving military service.

The collection of income taxes from any person in military service is deferred for a period not to exceed six months after the termination of service.

Particularly with respect to the young physician entering the Army, Navy or Marine Corps, the Act offers many advantages which will protect him against loss of such things as his house, his

† Editor's Note.—This department of CALIFORNIA AND WESTERN MEDICINE, presenting copy submitted by Hartley F. Peart, Esq., will contain excerpts from and syllabi of recent decisions and analyses of legal points and procedures of interest to the profession.

automobile or his life insurance. It should be remembered, however, that all of the benefits described are only available when there has been a reduction in the income of the person affected, and his ability to fulfill his obligations has been definitely prejudiced by his entry into the armed forces; and if such person still has a substantial income, he may not avoid or delay the enforcement of such obligations.

LETTERS†

Concerning a Letter of Appreciation from the Headquarters of the Ninth Corps Area, United States Army.

(COPY)

HEADQUARTERS NINTH CORPS AREA
Office of the Surgeon
Fort Douglas, Utah, May 6, 1942.

Dear Doctor Kress:

My assistant, Colonel Moore, called my attention to your courtesies extended to the Army during my absence from the office. Please accept my thanks at this time.

I am also in receipt of the CALIFORNIA AND WESTERN MEDICINE, which you forwarded to me. It has been perused with much interest and circulated to members of my staff. It confirms, in every detail, the splendid coöperation you are giving the Army at this critical time.

With kindest regards,

Sincerely yours,
H. R. BERRY,
Colonel, Medical Corps.

Concerning a Letter to Past Presidents of the California Medical Association and Reply thereto.

(COPY)

CALIFORNIA MEDICAL ASSOCIATION
April 27, 1942

The Past Presidents of the California Medical Association, Addressed.

ATTENTION:

George H. Evans, President in 1907
John C. King, President in 1910
O. D. Hamlin, President in 1912
George H. Kress, President in 1916
John H. Graves, President in 1921
Edward N. Ewer, President in 1925
William H. Kiger, President in 1928
Morton R. Gibbons, President in 1929
Lyell C. Kinney, President in 1930
Junius B. Harris, President in 1931
George G. Reinle, President in 1933
Clarence G. Toland, President in 1934
Robert A. Peers, President in 1935
Edward M. Pallette, President in 1936
W. W. Roblee, President in 1938
Harry H. Wilson, President in 1940

Dear Doctors:

Under "Program: By Days," on page 177 of the April, 1942, issue of C. & W. M., the "Past Presidents' Breakfast" is scheduled for 7:45 A.M., on Tuesday, May 4th. (In the Private Dining Room at Hotel Del Monte).

This letter is a reminder. If you cannot be present, may we have a message of greeting? The undersigned will be glad to present it to your colleagues.

Cordially and fraternally,
GEORGE H. KRESS, M.D.,
Association Secretary.

Replay from Dr. John C. King:

JOHN C. KING, M.D.
990 Atchison Street
Pasadena May 1, 1942.

My Dear George:

A message? Sure! When a fellow is well along in his ninetieth year, he is always willing to offer advice to those who do not need it. Still, fifty years of practice taught me this: If I made any advance in professional science; if I enjoyed the respect of my community, and accumulated a modest sufficiency for old age, it was because I always tried to identify myself with the interests of my local profession, the local medical societies, and to be useful. If I became President of this or that, it was because some colleagues sort of believed in me. Any small success I may have achieved I owe to my professional brethren, not to myself. I can count on two or three fingers any injury received from other doctors. I cannot count the benefits I have received from them. Most of my friends have gone to heaven. Gone somewhere, anyhow, so I remain just a deaf, old derelict * * * and your friend,

Sincerely,
JOHN C. KING.

* * *

(COPY)

A Telegram of Greeting from Dr. King's Daughter:

Pasadena

Dr. George Kress, M.D.,
Del Monte Hotel.

My father, Doctor John C. King, has been thinking of you and the doctors of the California Medical Association who are gathering at Del Monte to close a most eventful year, and to open one which will be still more eventful. In his behalf we send you greetings. . . . Doctor King was eighty-nine last February. He retains a clear mind and keen interest in world affairs. He reads much and especially enjoys the State Association's Journal. He entertains many callers. He lectures weekly to a large bible class and he cares for his flower garden from which he gathers baskets full for the children in the church school. He sends to you all his kindest regards and hearty cheer as you undertake grave and new duties. *Sincerely yours,*

Madge Prince.

Concerning American College of Chest Physicians.

San Francisco, May 4, 1942.

To the Editor:—As a Western Regent of the American College of Chest Physicians I have been asked to notify the Secretary of the CALIFORNIA AND WESTERN MEDICINE to publish a notice of the annual meeting of the College to be held at the Hotel Dennis at Atlantic City, June 6th to 8th. . . .

384 Post St.

Cordially,
HARRY C. WARREN.

Premarital Examination Laws in U. S.—Details of operation of the thirty premarital examination laws now in effect in the United States, summarized in *The Journal of the American Medical Association*, by George F. Forster, Ph.D., and Howard J. Shaughnessy, Ph.D., Chicago, illustrate, they say, "the difficulties which are in many cases imposed on those who cross state lines in order to marry. These difficulties arise chiefly from the lack of reciprocity in the acceptance (1) of laboratory reports from out of state laboratories, and (2) of examination certificates signed by out of state physicians."

Interstate marriages are common in normal times and are now considerably increased as a result of the translocation of many eligible young men in the army camps, they explain.

† CALIFORNIA AND WESTERN MEDICINE does not hold itself responsible for views expressed in articles or letters when signed by the author.

TWENTY-FIVE YEARS AGO†

EXCERPTS FROM OUR STATE MEDICAL JOURNAL

Vol. XV, No. 5, May, 1917

EXCERPTS FROM EDITORIAL NOTES

Mobilization of Medical Resources.—The United States of America is at war with Germany. [May, 1917]. The medical profession stands, as always, ready and willing to do its full share of duty. Up to the time of writing (April 16, 1917), there has been no clear declaration of what is wanted, no statement concerning the manner of mobilization of the potential medical power of the country. In another column we publish the scheme of the Council of National Defense. This outline should be studied and thoroughly understood by each and every reader of the JOURNAL. It is the means by which the central authority will be enabled to use the capacity of the individual physician to the utmost. The State Committee of the Council of National Defense has a list of names of physicians which it was able to gather many months ago, when the need for the services of all was not pressing, or at least was not understood by the profession to be pressing, and which represents but a small portion of the available medical force which can be used when the country needs it. It consists of the few who *stated* at that time that they were at their country's call, but not of the many who, when the need is at all apparent, are just as ready to serve. The greater part of the profession is in the dark as to just what is wanted of it. It does not know just what to do.

We would urge upon our State Committee of the Council of National Defense that it classify, in a scientific manner, which means in a way available for use, the *entire* medical profession of the State with respect to the work for which each man is best fitted, so that when he is called upon to volunteer or is drafted, he can serve the nation in his fullest measure; so that each unit of the army will have its proper proportion of sanitarians, internists, surgeons, aurists, oculists, dentists, other specialists, and even chiropodists. No detail should be neglected which will give to the men in the field and training-camp, and to that portion of the population remaining at home, the best possible care. The Army and the Navy, and the Red Cross and the Council of National Defense should work so in harmony that, when assignments of men are to be made, the lists of the Council should determine who is the very best man for the position in question, and any assignments should immediately be reported to the Council so that its lists will always be up to date. There should be not even a chance of a repetition of such mistakes as were made in the Spanish-American War, when, for instance, one of the most noted public hygienists in the United States was put to doing surgery, and, *after the war,* was a member of the Committee to determine why there was so much typhoid fever in the army-camps. . . .

In the meanwhile every unattached, unmarried physician under the age of forty-five, upon whom the support of others does not depend, should immediately join the Officers' Reserve Corps, both to minimize the difficulty of recruiting reserve officers, and because, immediately camps are established, large numbers of physicians will

(Continued in Front Advertising Section Page 16)

† This column strives to mirror the work and aims of colleagues who bore the brunt of Association activities some twenty-five years ago. It is hoped that such presentation will be of interest to both old and new members.

BOARD OF MEDICAL EXAMINERS OF THE STATE OF CALIFORNIA†

By CHARLES B. PINKHAM, M. D.
Secretary-Treasurer

Board Proceedings

At a regular meeting of the Board of Medical Examiners held in Los Angeles, March 2 to 5, 1942, approximately 83 candidates appeared for written examination. The majority were graduates of medical schools, among whom some were from foreign medical schools.

Some 21 licentiates were cited on charges of unprofessional conduct.

The following changes of status were made:

Walker, Wade H., M. D., restored to practice March 2, 1942, and placed on probation without narcotic privileges;

Housman, Nathan S., M. D., revoked March 5, 1942, based on record of conviction;

Maxwell, Donald McCully, M. D., found guilty, February 8, 1939; placed on five years' probation, without narcotic privileges;

Miller, Joseph Edward, M. D., alleged narcotic violator, was found guilty March 3, 1942, and imposition of penalty deferred;

Novotny, Milton Francis, M. D., alleged narcotic violator, March 5th, 1942, certificate revoked;

Price, Charles R., M. D., alleged narcotic violator, was, on March 4, 1942, found guilty and placed on probation for three years, without narcotic privileges;

Waterman, Isaiah J., M. D., charged with alleged illegal operation, was on March 5, 1942, found guilty and his license to practice in California revoked.

News

"Drs. Roy Buffum, J. J. Tobinski and J. C. Martin were bound over yesterday for superior court trial on six counts of performing illegal operations, following a two-day preliminary hearing. A witness appearing before Municipal Judge Oda Faulconer testified she visited Dr. Buffum's office in Long Beach, was given an examination for $2 and sent to the downtown Los Angeles office of Dr. Tobinski and Dr. Martin for an abortion, with instructions to pay them $65. District attorney's investigators raided the Los Angeles office January 16." (Los Angeles *Daily News,* February 5, 1942.) J. C. Martin is not of record in the office of the Board of Medical Examiners as holding a license to practice in this State. The license of J. J. Tobinski was revoked on Feb. 28, 1941.

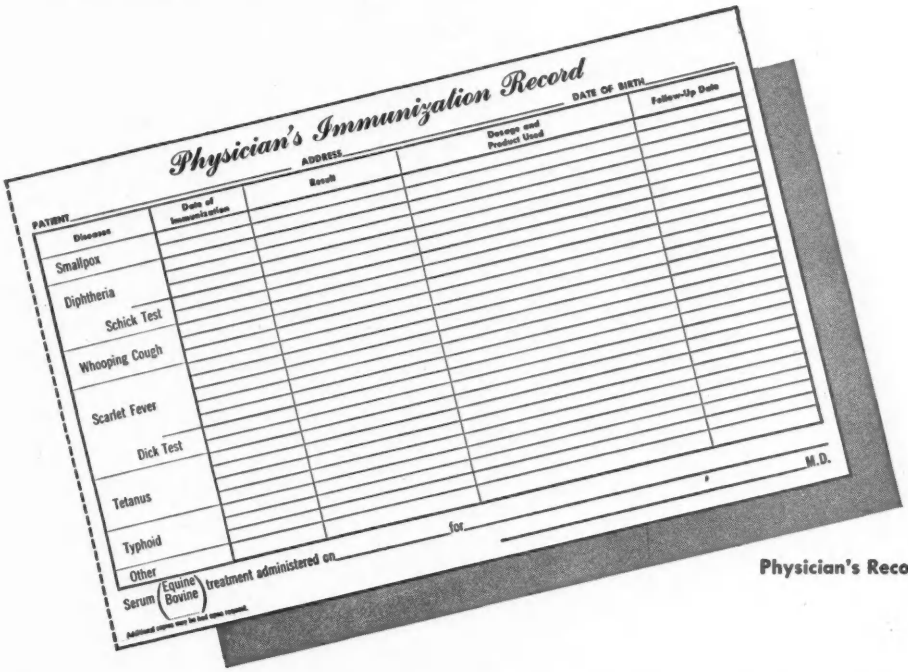
"Asserted to have been selling narcotics to a large number of addicts at high prices, Dr. A. H. Owens, 55, of 4642 Whittier Boulevard today was arrested and charged with violation of the Harrison Narcotic Act. Bail was set at $2500, pending a hearing before United States Commissioner David B. Head on February 18." (Los Angeles *Herald,* February 9, 1942.)

"T. M. Cochran, resident of 531 North Glassell St., was bilked out of $7 yesterday afternoon while undergoing an examination for rheumatism. Cochran was walking in the 200 block on North Grand street, when a large black sedan driven by a man who was accompanied by a dark woman between 40 and 50 years of age, stopped beside the pedestrian. Cochran was asked by the woman if he knew where a crippled Mexican lives in that

(Continued in Back Advertising Section, Page 36)

† The office addresses of the California State Board of Medical Examiners are printed in the roster on advertising page 6. News Items are submitted by the Secretary of the Board.

TO YOU AND TO US . . .



Physician's Record

Now—an Immunization Record for the physician with duplicate which he may give his patients. The patient's card explains the desirability of inoculation against *Smallpox, Diphtheria, Whooping Cough, Scarlet Fever, Tetanus, Typhoid* and serves as a reminder of reinoculation dates.

THE recent, nationwide survey made by Elmo Roper shows that although people believe in immunization, a large percentage never get around to going to their physician to have it done. Even in the case of SMALLPOX—where immunization is mandatory in many states—only 61% of American mothers report having had their children inoculated.

As a first step to help physicians overcome American mothers' apathy toward immunization benefits, Sharp & Dohme present to the medical profession an Immunization Record Card.

The physician will find this card a convenient, easy means of keeping complete, accurate immunization records.

The main feature of this card is its Duplicate Record which the physician can give his patients. Mothers, especially, will value this record and follow its suggestions to protect their children throughout the susceptible years.

Sharp & Dohme's Immunization Cards:

Materially aid in providing much needed, specific immunization education.

Remind patients when to return or bring in their children for reinoculation.

Provide important information to avoid undue reactions when serum therapy is again indicated.

Send Coupon for FREE Immunization Cards! →

Help your patients take advantage of the immunization benefits you can offer. Send for a supply of these new immunization records *today!*

SHARP & DOHME

SHARP & DOHME, Dept. CW-3, Philadelphia, Pa.
Gentlemen: Please send me a liberal supply of Immunization Record Cards.

Name_____

Address_____

City_____

Advertisers in your OFFICIAL JOURNAL *will appreciate requests for literature*

TWENTY-FIVE YEARS AGO

(Continued from Text Page 332)

be necessary. This applies particularly to recent graduates.

The medical profession of the State of California is behind the President, and is ready to do its duty.

The Thoughtless Doctor.—It seems to make no difference how often commonplace advice is repeated; every so often it requires restatement. The JOURNAL has called attention again and again to the number of malpractice suits arising from a thoughtless statement of a physician. Given such a statement, an ignorant or malicious patient, and a shyster lawyer, a malpractice suit follows as a matter of course. Most of the trouble arises from patients who migrate from doctor to doctor, picking up fragments of statements as they migrate. Of course, most of these suits are groundless and are dropped, but they are nevertheless a burden upon the budget. Many of our recent suits have arisen in just this way. This matter is a straight dollars and cents proposition. Every one of these suits, unfounded as they are, costs so much money for legal services. In the aggregate they are sufficient to increase or decrease the amount of your premium. . . .

The Legislature and Medicine.—At the time of writing the State legislature is still in session and will be for about two weeks. . . .

The California State Medical Society ought to develop and exert its political strength more forcibly. With almost 5000 regular practitioners in California [Year, 1917] and only about 1000 osteopaths and about 130 drugless healers, it will be seen that the representatives of different freak cults have political influence all out of proportion to their numbers. It is humiliating to realize that this is the case. It need not be any longer if we will only exert ourselves. Now is the time to get ready for the next legislative session two years hence. Interview your present senators and assemblymen, and later on their successors, and have them promise to consult you in regard to medical legislation.

Radium.—Local physicians have purchased during recent months quantities of radium element aggregating 250 milligrams for use in their respective practices. This radium is mounted in various types of applicators designed for Dermatological, Gynecological and Surgical uses. . . .

The present market price of radium is $100.00 per milligram. There is a strong probability, however, that the great advance in the costs of production, chemicals and laboratory equipment will sharply affect radium production, and an early advance is inevitable. . . .

Health Insurance.—If the enabling amendment proposed by the Social Insurance Commission of the State of California goes through the legislature (at this writing [Year, 1917] it has passed the Senate with every likelihood of receiving a majority in the Assembly), the people will have to decide for themselves as to whether they wish to endorse the principle of health insurance. If they do, we shall be asked to give our services to that class of individuals coming under the act, our organization, fees, etc., to be fixed by law. . . .

(Continued on Page 17)

BOARD OF MEDICAL EXAMINERS

(Continued from Text Page 332)

locality. When the victim stated that he didn't know of any such party, she asked him if he had rheumatism. Cochran reported to police that the woman said she could determine whether or not he had rheumatism by feeling of him. She felt. Soon after the couple had left, Cochran missed his wallet containing a $5 bill and two $1 bills. He called police, who were unable to locate the car and the suspects." (Orange *News*, February 5, 1942.)

"Attorney General Earl Warren today advised the State Board of Medical Examiners that the issuance of renewal of doctors' licenses for enemy aliens in California is not prohibited by either state or federal regulations. The opinion, requested by Dr. Charles B. Pinkham, secretary-treasurer of the Board, also held no action taken thus far by Congress or the President invalidates existing licenses held by enemy aliens, unless the licensed activities are prohibited to such nationals by federal law. . . ." (Sacramento *Bee*, February 21, 1941.)

"Governor Culbert L. Olson has appointed Dr. Ebon B. McGregor of Lemon Grove, San Diego County, to the State Board of Medical Examiners, succeeding Dr. C. L. Abbott of Oakland, term expired, and reappointed Dr. Percival Dolman of San Francisco and Dr. George Thomason of Los Angeles to the same Board." (Sacramento *Bee*, March 24, 1942.)

"In an opinion to be used as a guide-post by the State Department of Professional and Vocational Standards, Attorney General Earl Warren's office today ruled that

(Continued on Page 36)